

# QUALITY IS EVERYONE'S BUSINESS

Accountability Report for 2009 and 2010

Division of Developmental Disabilities

October 2011

AGING AND DISABILITY SERVICES ADMINISTRATION



Washington State  
Department of Social  
& Health Services

# TABLE OF CONTENTS

Sections	Located on
Letter from the Director	Page 3
Executive Summary	Pages 4 through 7
Organizational Structures	Pages 8 and 9
Overview	Pages 10 through 22
Systems to Ensure Quality	Pages 23 through 42
Systems to Ensure Health and Safety	Pages 43 through 47
Links to Residential Programs and Services	Page 48
Appendix - Commonly Used Acromyms	Pages 49 and 50

Dear Colleagues and Interested Citizens,

We are pleased to provide you with the third Quality Assurance Report from the Division of Developmental Disabilities (DDD), Aging and Disability Services Administration (ADSA). This report is for 2009 and 2010. We have changed from an annual report to providing a biennial report. This report will give you information on the services we provide and on the outcomes that are important to promoting and maintaining the health, safety and quality of life of people who rely on the Division for support. The information is gathered from numerous quality assurance systems that DDD has in place across the state and is a snapshot of the quality assurance efforts currently in place.

This Quality Assurance Report allows you to look critically at what we are doing and how we are performing. Each year offers new challenges and opportunities for DDD to provide supports and services that are innovative and creative and meet peoples' needs. The challenge the entire nation has had to face in light of the great economic recession has increased the need to find innovative and creative ways to continue to provide quality services and still make the required budget cuts.

The division uses the National Core Indicators Surveys, the DSHS Client Survey, along with other interviews/surveys, to learn what stakeholders are saying about DDD services and what their concerns are. DDD also partners with the Developmental Disabilities Council (DDC), the Association of County Human Services, Disability Rights of Washington, Columbia Legal Services, provider organizations, and the Community Advocacy Coalition in gathering vital feedback.

I remain committed to a partnership with our stakeholders and staff in continuing to support and improve the health, safety and quality of life of those individuals who rely on DDD for support. I trust that this report will be used to further our shared goals and continue an open, candid dialogue focusing on improvement.

Thank you.

Sincerely,

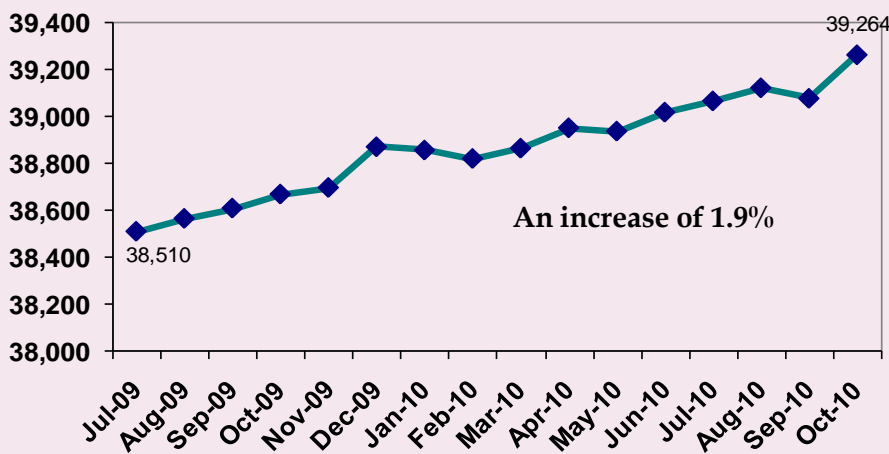
A handwritten signature in black ink, reading "Linda Rolfe". The signature is written in a cursive, flowing style.

Linda Rolfe,  
Director

# Executive Summary

This is the third Quality Assurance Report from the Division of Developmental Disabilities. It provides a way for the division to share with its stakeholders the many activities occurring on behalf of those whom the division serves and some of the challenges we face in the future.

**Clients Enrolled for DDD Services  
2009 - 2010**



This report provides information on Individuals served by DDD as well as information about the services they receive.

The emphasis of the report is on the activities performed to make certain that the services are provided by qualified providers using the best information and technology available.

## Benefits

### Health and Safety



Personal Power and Choice



Personal Value and Positive Recognition By Self and Others



A Range of Experiences Which Help People Participate in the Physical and Social Life of Their Communities



Good Relationships with Friends and Relatives



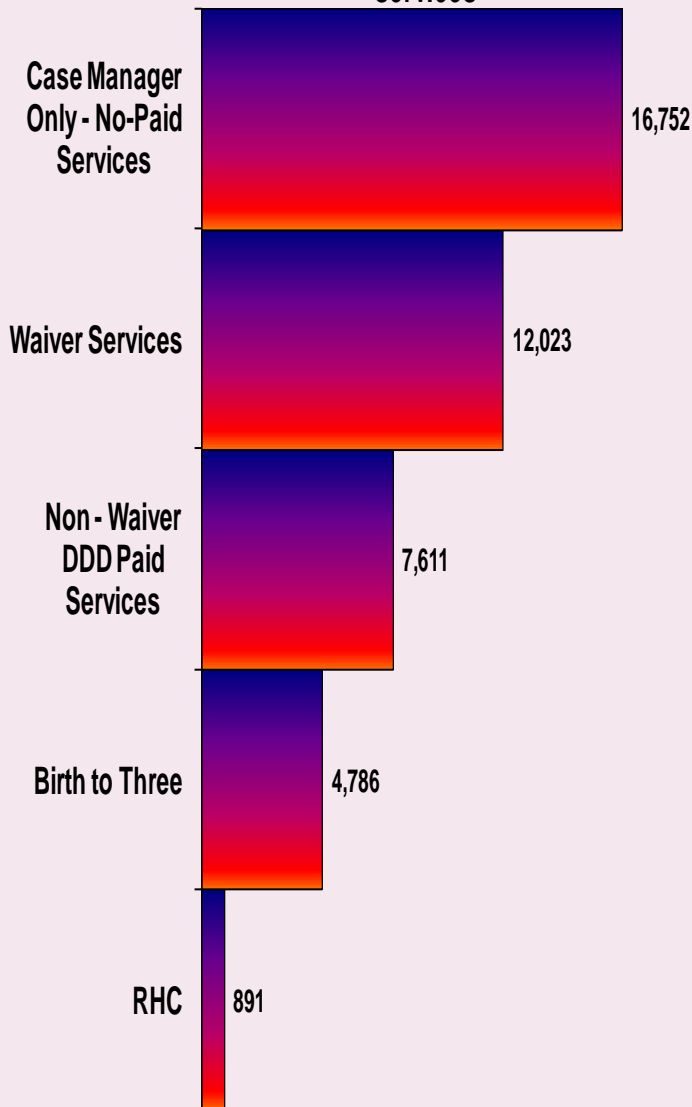
Competence to Manage Daily Activities and Pursue Personal Goals

We consider it a mandate to provide services that emphasize the following:

- ❖ Prioritizing the health and safety of each individual;
- ❖ Power and Choice over one's environment;
- ❖ Relationships with families and friends;
- ❖ Status in the community and among peers;
- ❖ Integration into the fabric of the community;
- ❖ Competence in completing tasks with needed assistance.

# Executive Summary

People in DDD Services  
October 2010 \* some duplication in paid  
services



Data Source: Assessment Activity  
Report October 2010

- This report contains data for 2009 and 2010, as well as descriptions of services offered by DDD. For example, the chart to the left indicates that more than 12,000 clients receive Waiver services and another 7,611 clients receive Non-Waiver DDD paid services. This report also contains information on the many activities that DDD undertakes to continually train, monitor, and improve services. Some of the paid service data may be duplicated.
- Assuring the quality of services provided by DDD is the goal of all DDD staff, beginning with the case manager, who is the primary contact for individuals, to the Regional and Headquarters staff who work to ensure services and supports are offered competently and in ways that meet the clients' assessed needs.
- DDD continually seeks active feedback and suggestions to improve the system that serves people with developmental disabilities. If you have feedback or suggestions for improvement, please contact Janet Adams at [adamsje@dshs.wa.gov](mailto:adamsje@dshs.wa.gov)

# Executive Summary

From Facing the Future: DD Services in Washington – Governor Christine Gregoire

## Realities:

- Increasing numbers of children and adults diagnosed with autism
- Increasing number of children and adults eligible for services (about 6%)
- Increasing client complexity, behavioral needs, and health conditions
- Significant and growing number of aging caregivers (over 60) caring for adult children
- High caseloads for case managers
- Less federal and state revenue

## What Challenges Are in Front of Us:

- The current DDD system of supports reaches only 63% of the 38,000 Washington residents with a qualifying developmental disability (July 2010)
- About 18,000 are under age 18 and 20,000 are 18 or older (July 2010)
- The DSHS ADSA Division of Developmental Disabilities (DDD) provides paid services to approximately 22,500 people who are living in the community (July 2010)
- Another 891 clients (December, 2010) live in one of the five Residential Habilitation Centers (RHCs)
- Washington serves proportionately more people in institutions than most other states
- Today, five facilities serve fewer than 900 people and use 20 percent of the state budget for 3% of clients
- Changes are needed to increase the number of clients who receive safe, high quality integrated support in the community
- Changes are expected to free up badly needed funds to extend better support for more clients. Changes should be accompanied by long-term investments to gradually build a system of community supports to deliver better service.

## Where Are We Going?

*To best prepare for the challenges of the next decade will require several key areas of strategic focus:*

- Greater reliance (with improved supports) on families of both children and adults
- Greater investment in locally available and community based options that help people live in their community
- Greater investment in supports chosen by consumers and their families
- Commitment to individual and family, strengths-based, assessment and service planning
- Services that recognize family caregivers are providing support for longer periods of their lives and those caregivers are aging
- Making added investment in community supports and focusing critical expertise currently at RHCs toward future community needs

# One Department, One Vision, One Mission, One Core Set of Values, One Framework

For every Program, Division or Administration within the  
Department;

Our **Vision** is:

Safe, healthy individuals, families and communities

Our **Mission** is:

The Department of Social and Health Services will improve the safety and health of individuals, families and communities by providing leadership and establishing and participating in partnerships.

Our **Values** are:

Excellence in Service

Respect

Collaboration and Partnership

Diversity

Accountability





# The ADSA Organization

## The Division of Developmental Disabilities

is part of The Aging and Disability Services Administration within the Department of Social and Health Services.

MaryAnne Lindeblad Assistant Secretary

Linda Rolfe, Director, Division of Developmental Disabilities

Bill Moss, Director, Director, Home and Community Services Division

Joyce Stockwell, Director, Residential Care Services Division

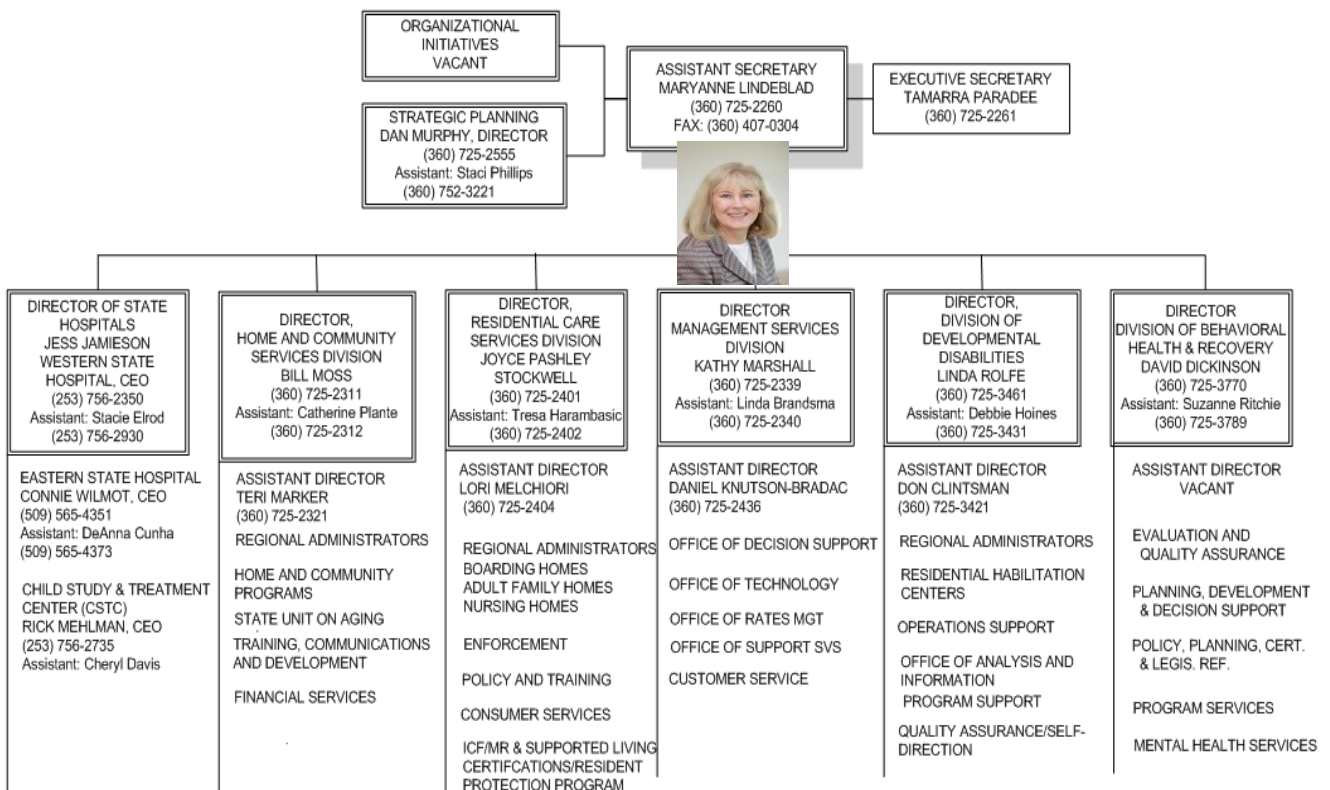
Kathy Marshall, Director, Management Services Division

David Dickinson, Director, Division of Behavioral Health and Recovery

Jess Jamieson, Ph.D, Director of State Hospitals

- Western State Hospital
- Eastern State Hospital
- Child Study and Treatment Center

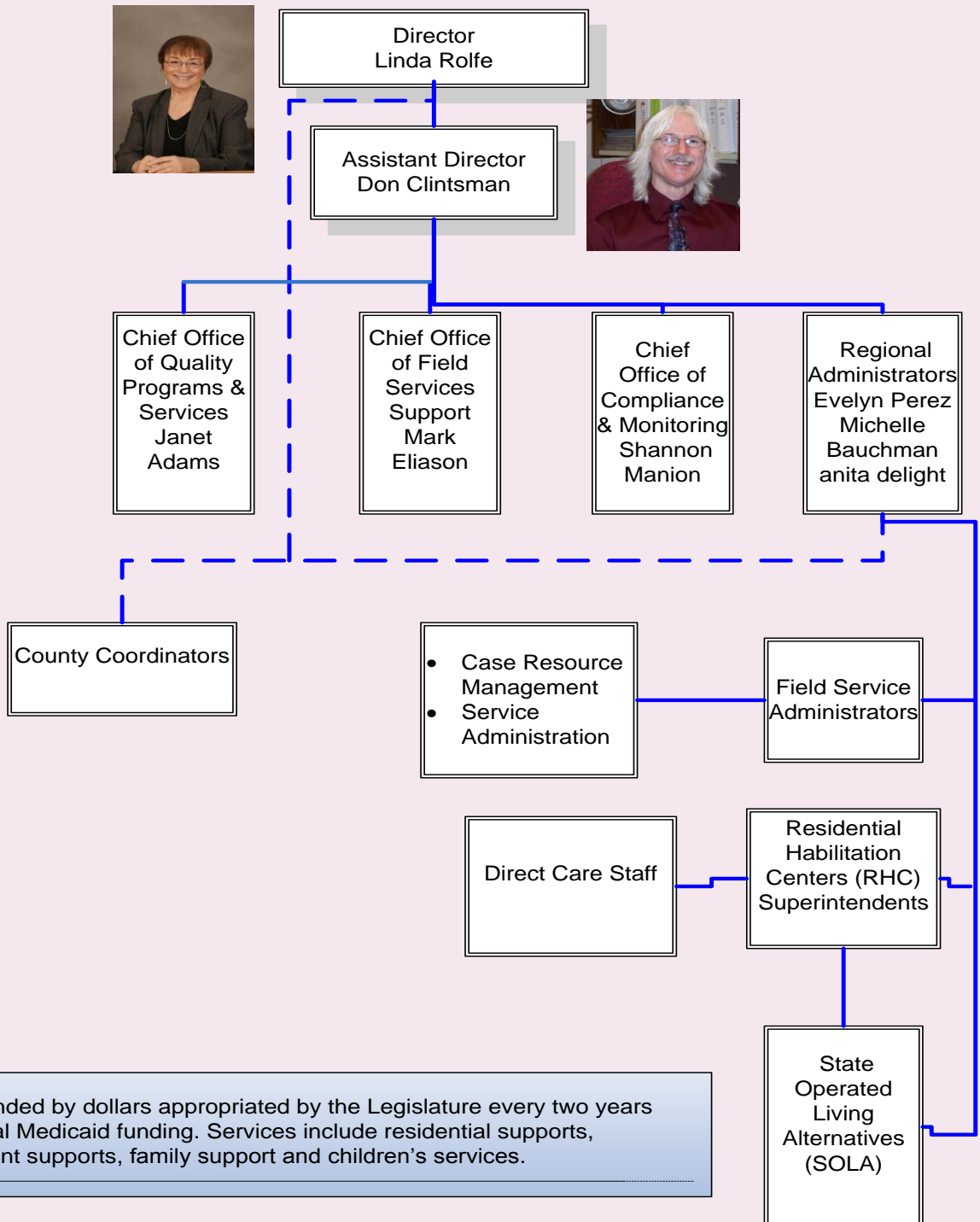
### DEPARTMENT OF SOCIAL & HEALTH SERVICES AGING & DISABILITY SVS ADMINISTRATION SPRING 2011



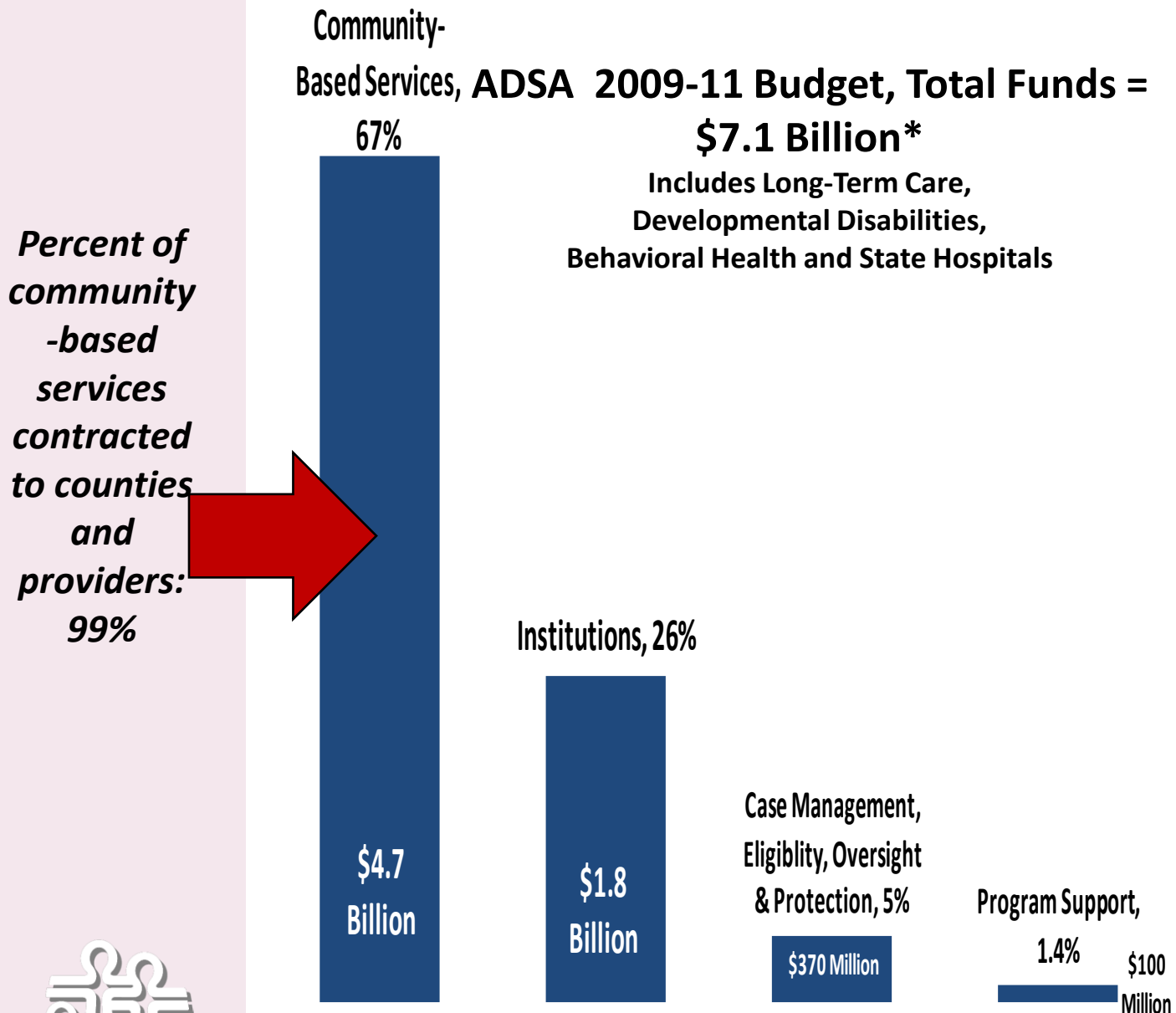


# The DDD Organization as of July 2011

## Division of Developmental Disabilities



## Most ADSA funding goes to community-based services provided by contracted partners.



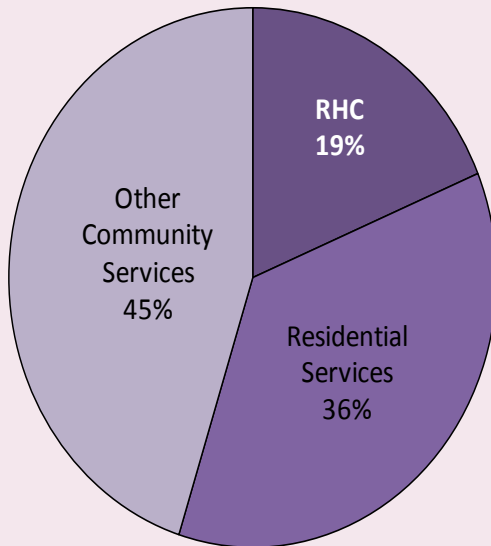
\*Through 2010 Enacted Supplemental. Institutions are 55% contracted (private nursing homes) ; the rest is state-run psychiatric hospitals and Residential Habilitation Centers for people with developmental disabilities. Latter two categories are state staff only.

# DEVELOPMENTAL DISABILITIES OVERVIEW

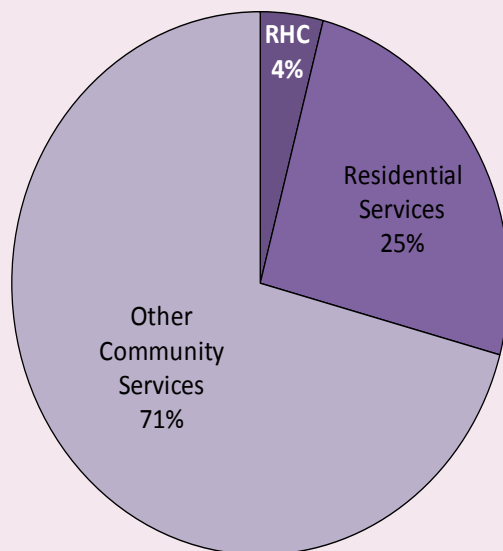
Budget 2009-2011

Caseload Oct. 2010

Total = \$1,922,104,000



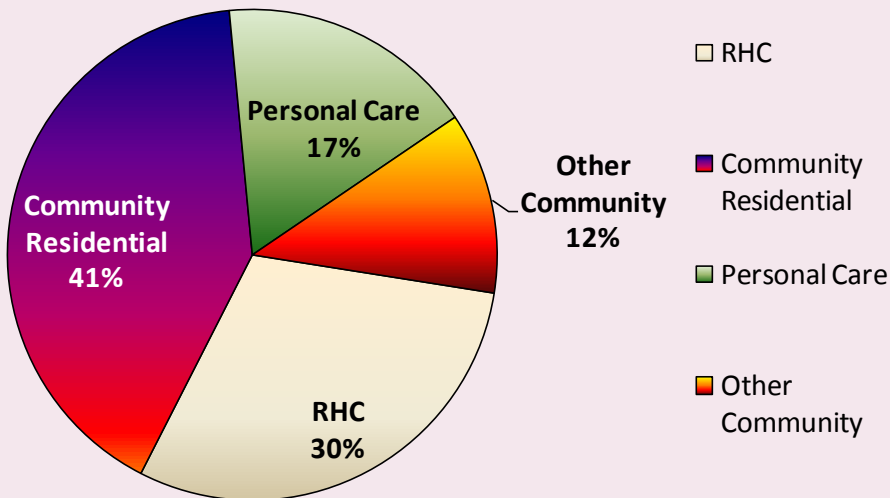
22,512 clients with paid services



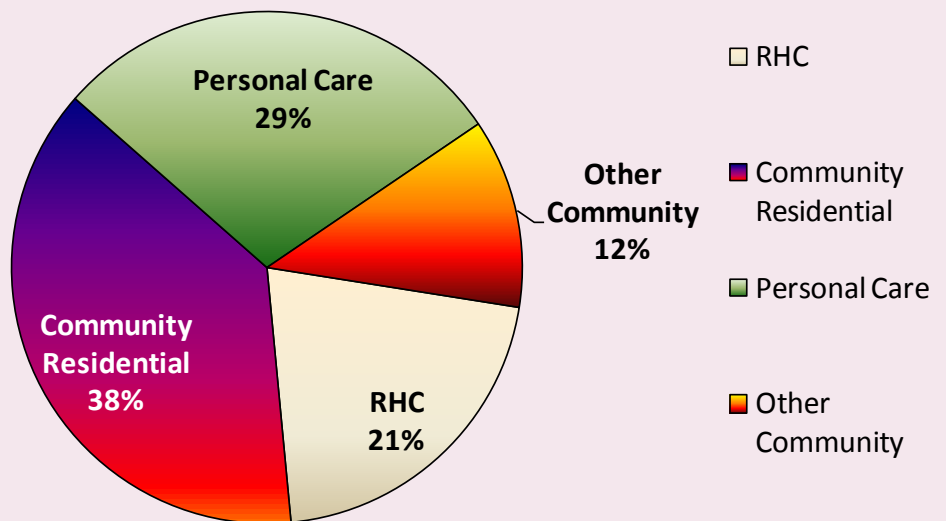
\* For detailed program and/ or service descriptions see pages 51-76

## DDD Expenditures

**Expenditures for DDD Services FY 2001**



**Expenditures for DDD Services FY 2010**

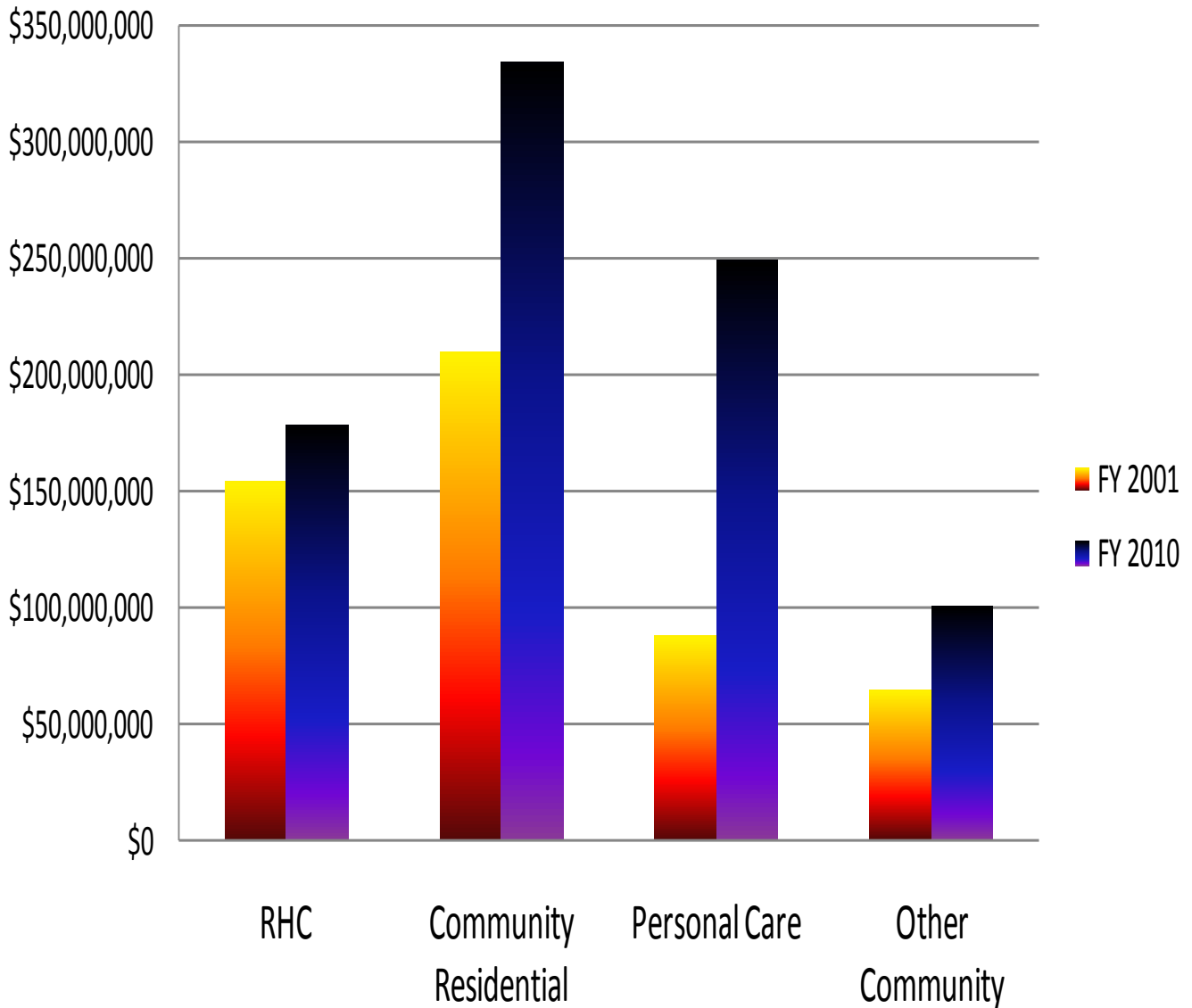


- As a % of total expenditures, RHC reduced about 10% and community increased almost 10%
- Overall expenditures are up almost \$350 million over the past 10 years
- Almost half of the overall growth is personal care
- Personal care increased by almost 200%
- Community residential expenditures increased by almost 60%

SOURCE: ADOSA  
BUDGET OFFICE,  
EMIS

# DDD Expenditures

Expenditures for DDD Services



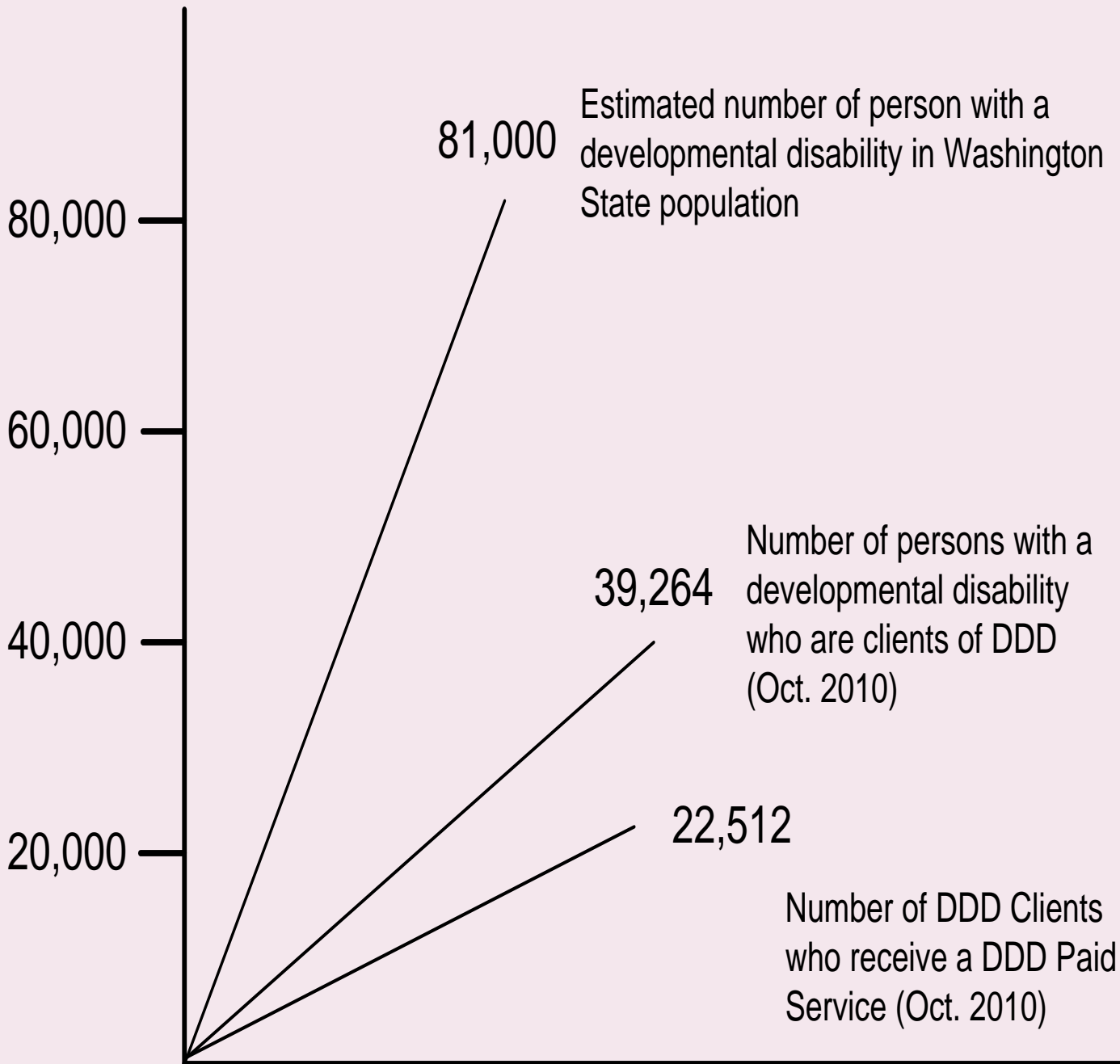
SOURCE: ADSA  
BUDGET OFFICE,  
EMIS

## Medicaid Funded DDD Services

### DDD Clients and DDD Costs for Waivers and RHCs

Service	Clients	DDD avg. mo. Cost Per Client.	Clients	DDD avg. mo. Cost Per Client.	Clients	DDD avg. mo. Cost Per Client.
	Oct-08	Oct-08	Oct-09	Oct-09	Oct-10	Oct-10
	Rounded	Rounded	Rounded	Rounded	Rounded	Rounded
Medicaid Personal Care	6,314	\$1,186	6,054	\$1,521	6,100	\$1,500_
Basic Waiver	2,783	\$1,569	2,940	\$1,796	4,500	\$1,400
Basic Plus Waiver	2,058	\$2,084	2,137	\$2,326	2,500	\$2,000
Core Waiver	3,967	\$5,982	3,996	\$6,448	4,100	\$6,100
Community Protection Waiver	439	\$9,734	452	\$10,032	460	\$9,500
CIIBS Waiver	0	\$0	7	\$1,654	50	\$2,702
State Residential Habilitation Centers (RHC)	996	\$16,125	982	\$16,269	900	\$15,000

## Population



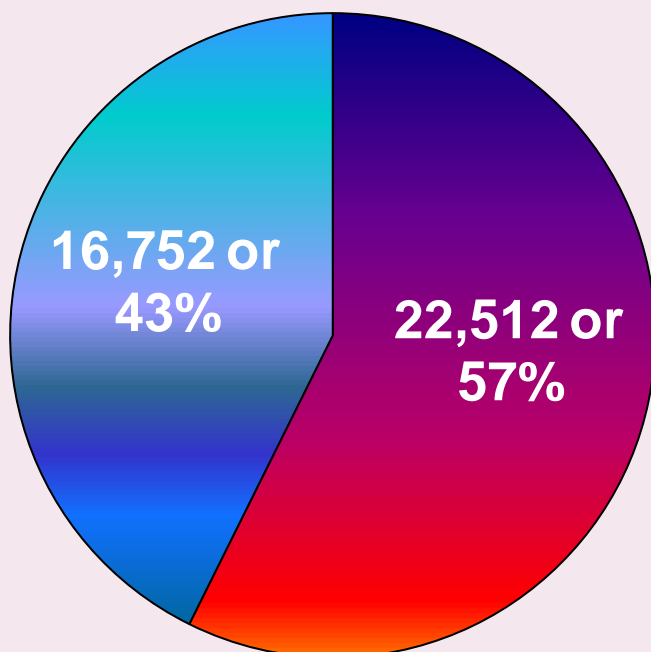
Data Source: EMIS (Oct. 2010)



# Why some people get services and others don't:

- Services are available based on funding.
- All services are not entitlements.
- Some people don't ask for services.
- Services are prioritized for those who are in crisis and/or who qualify for entitlements.
- Families are heavily relied upon to provide supports.
- To the extent funding is made available by the Legislature, services are offered to additional people.

## DDD Services Provided - October 2010



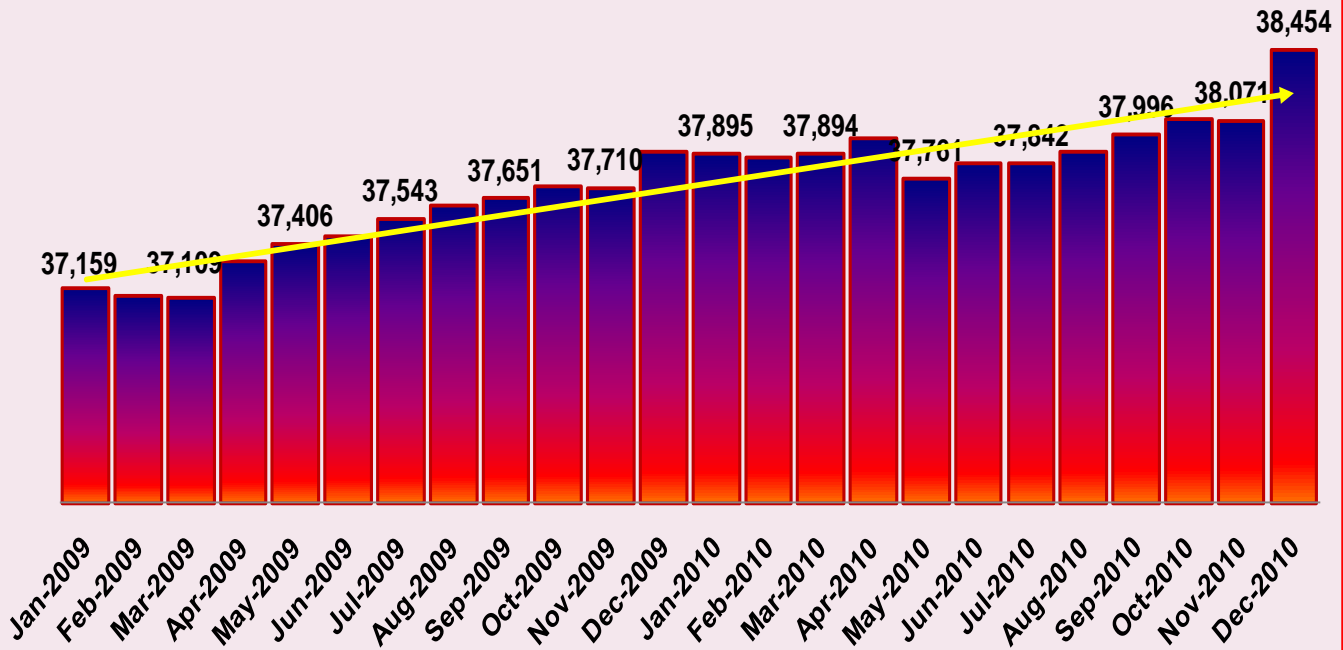
■ **Paid Services**

■ **No Paid Services**

\*\* Note: Data Source - EMIS. Many families only access paid services once or twice a month (usually during the summer) so the no-paid services number is somewhat inflated.

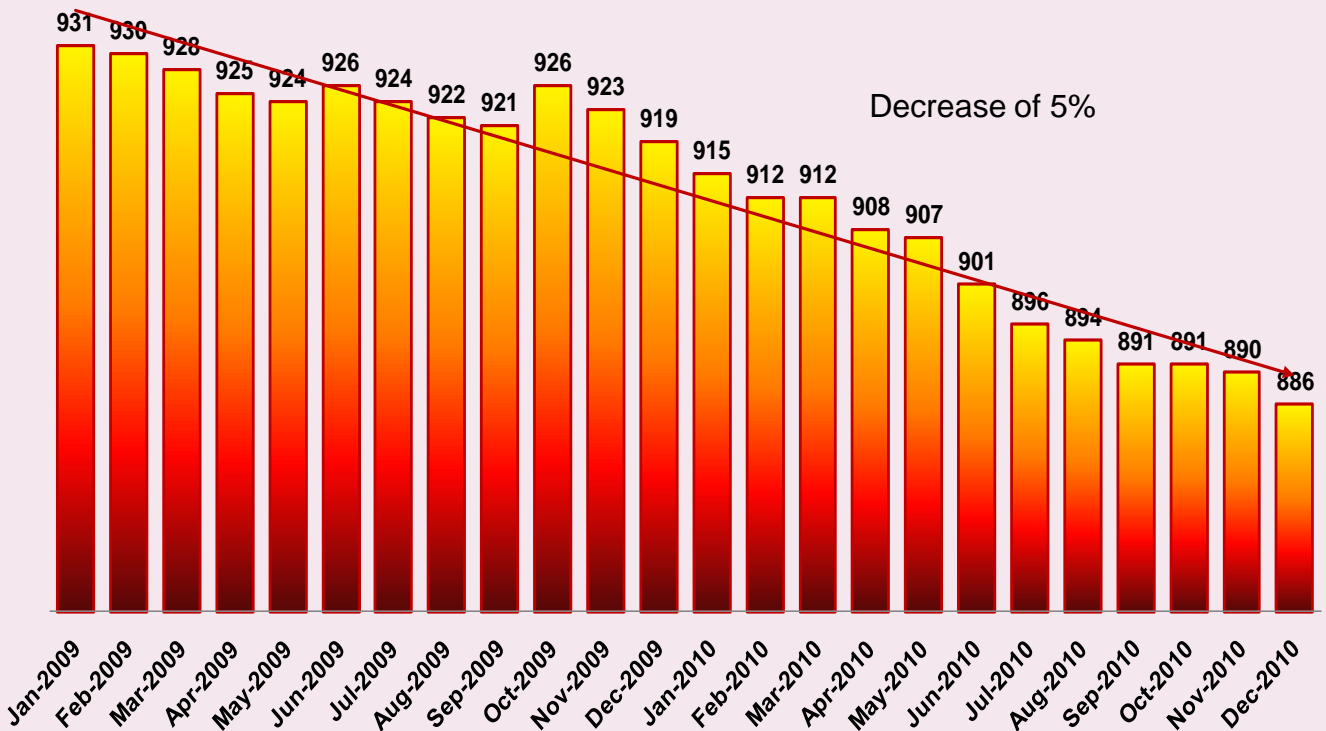
# DEVELOPMENTAL DISABILITIES OVERVIEW

## Clients Living in Community



Increase of 3%

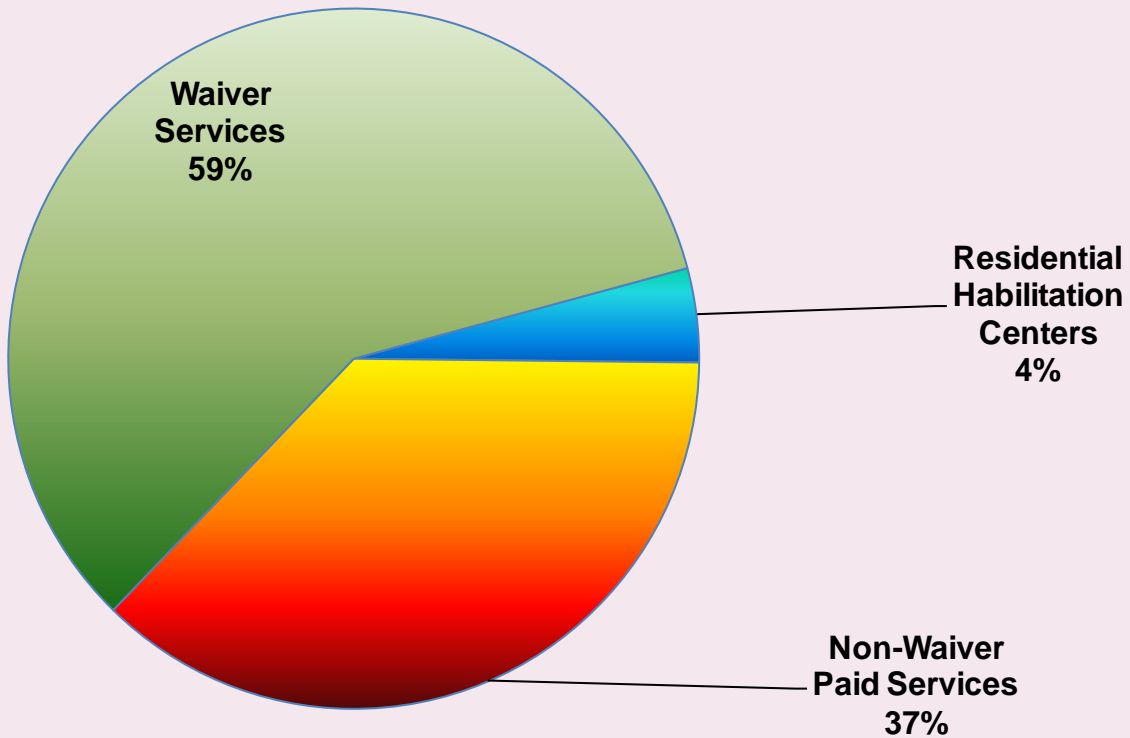
## Clients Living in State Facilities (RHC)



Decrease of 5%

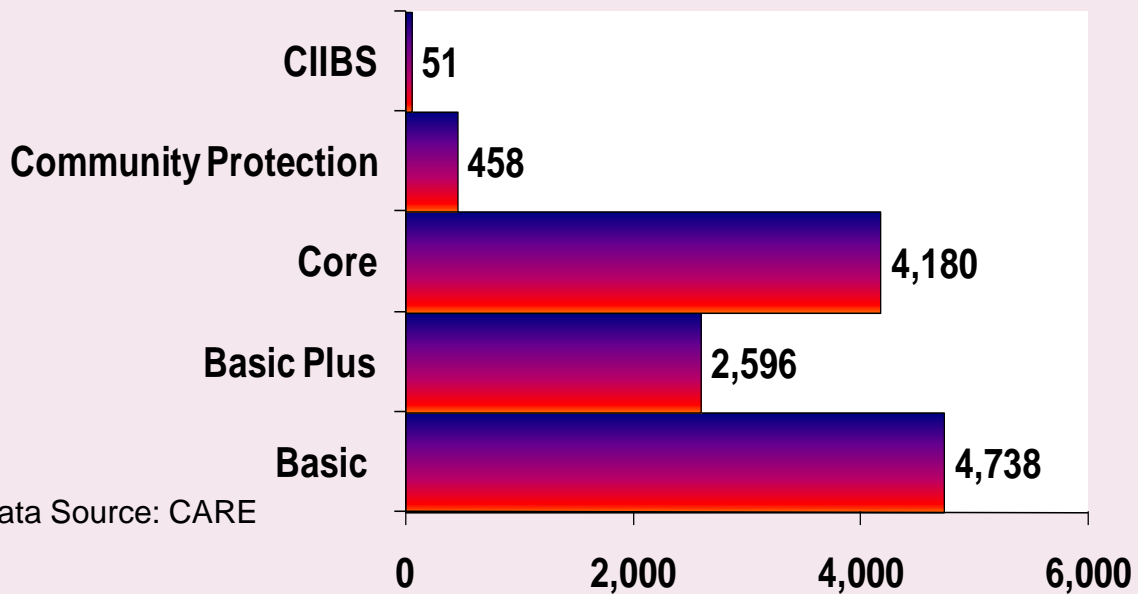
# DEVELOPMENTAL DISABILITIES OVERVIEW

## Individuals Receiving Paid Services



DDD serves a total of 12,023 clients with Waiver services.

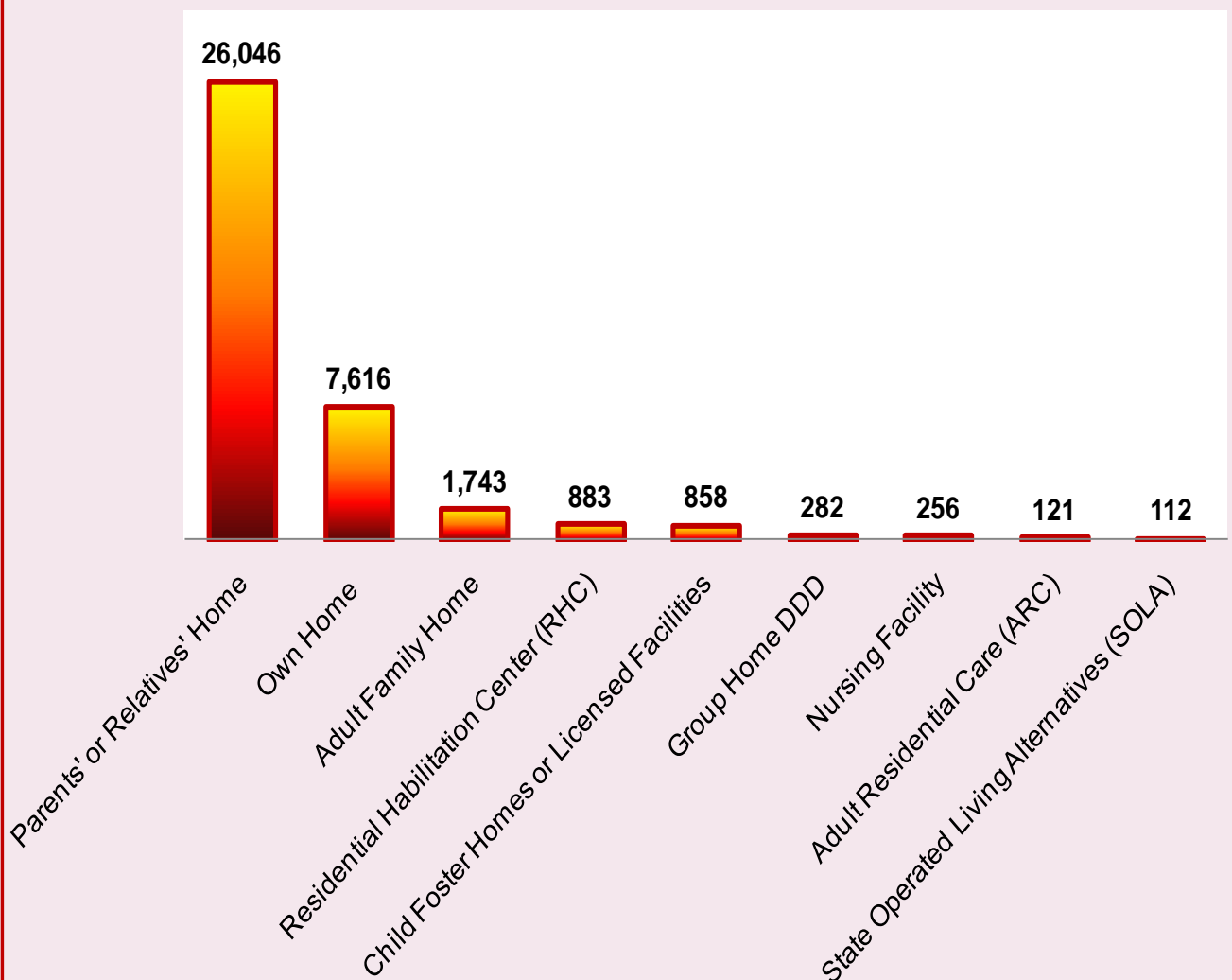
## Clients Approved to Receive DDD Waivers October, 2010



Data Source: CARE

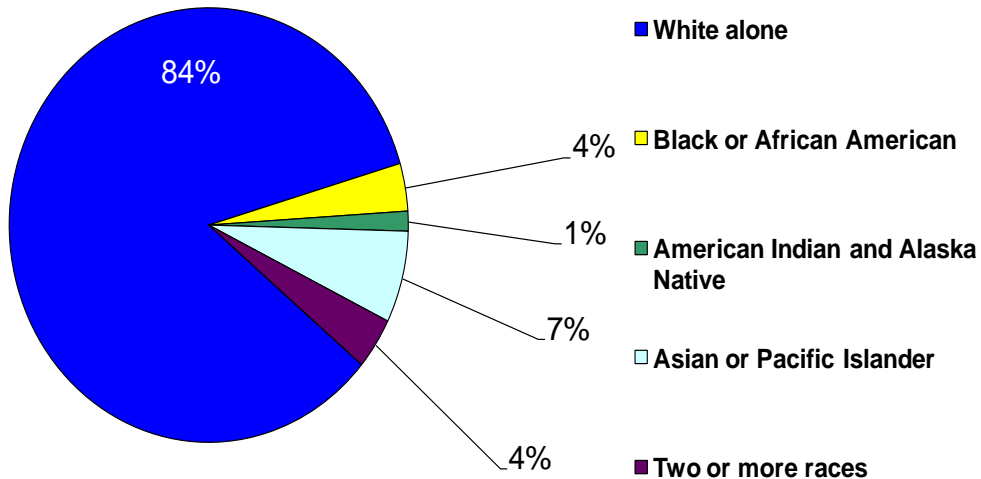
## The Foundation of our Service System is Families

**Client's Residence Type**

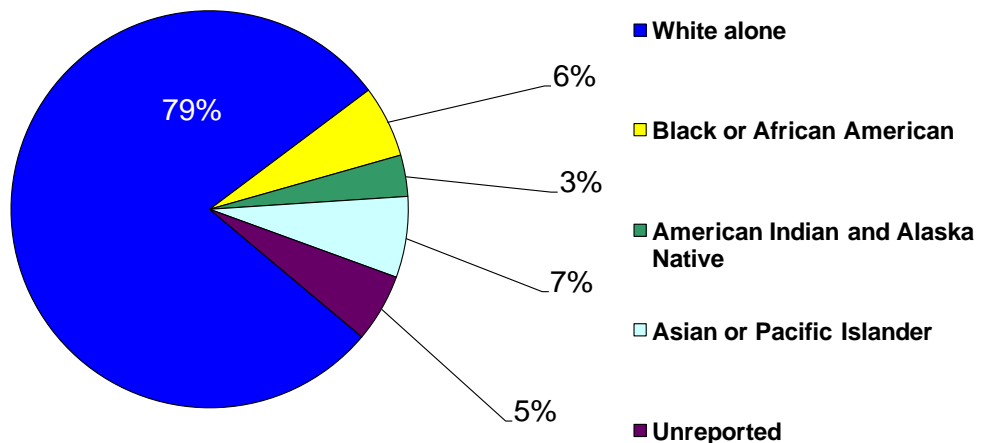


## Ethnicity

U.S. Census Bureau 2006 - 2008 Census  
Race - Washington State

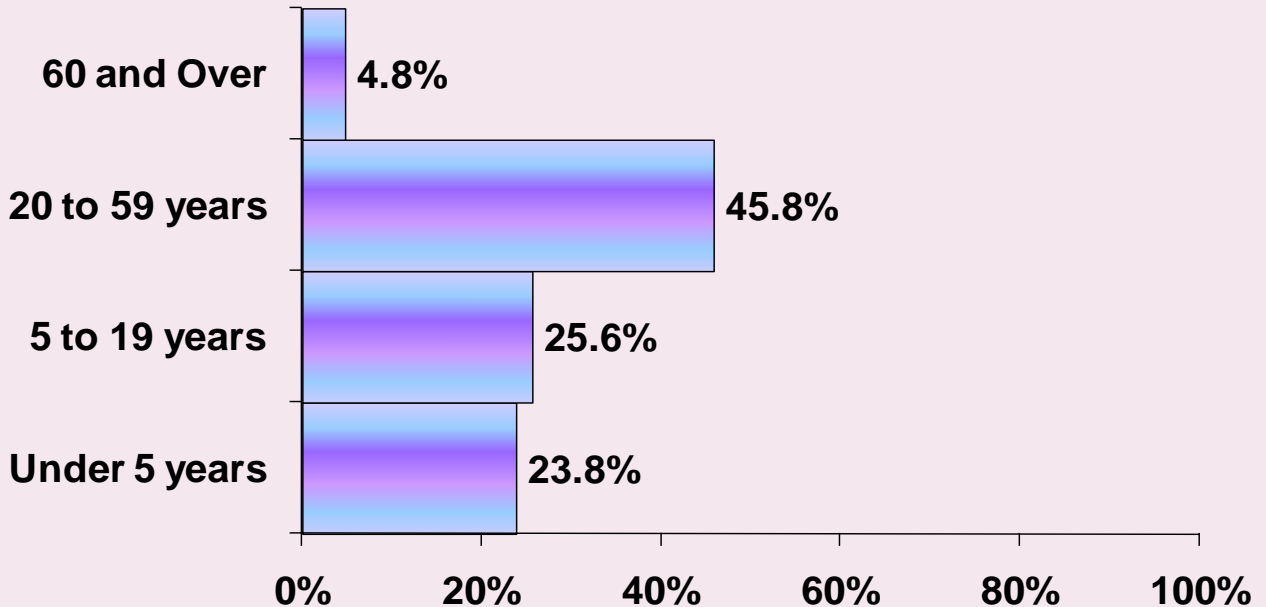


DDD CARE Database  
Client Race

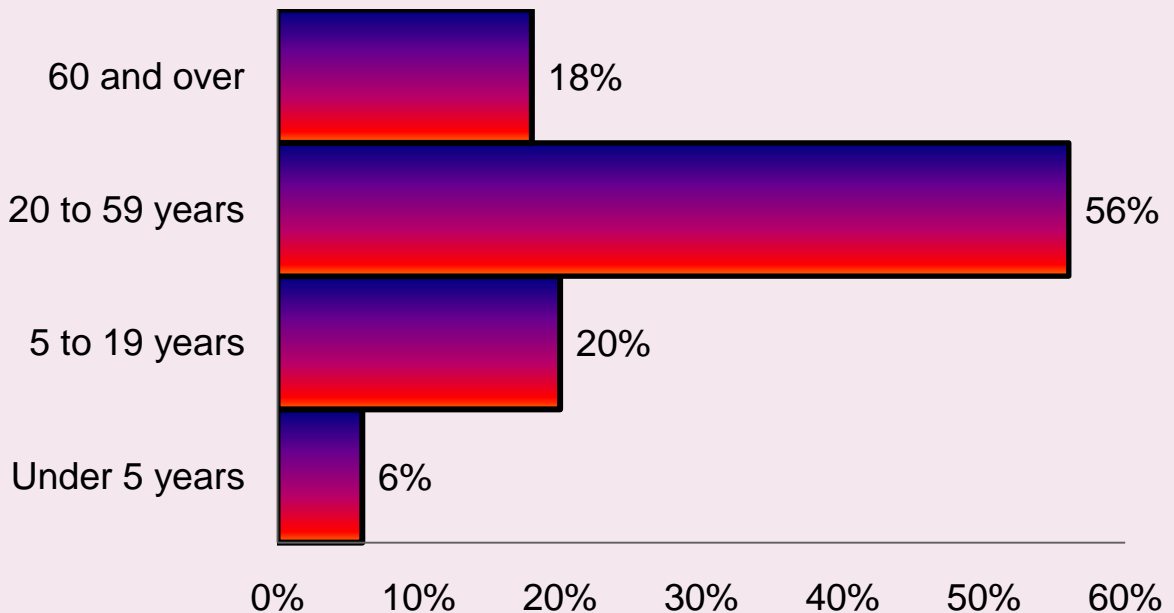


## Age Data

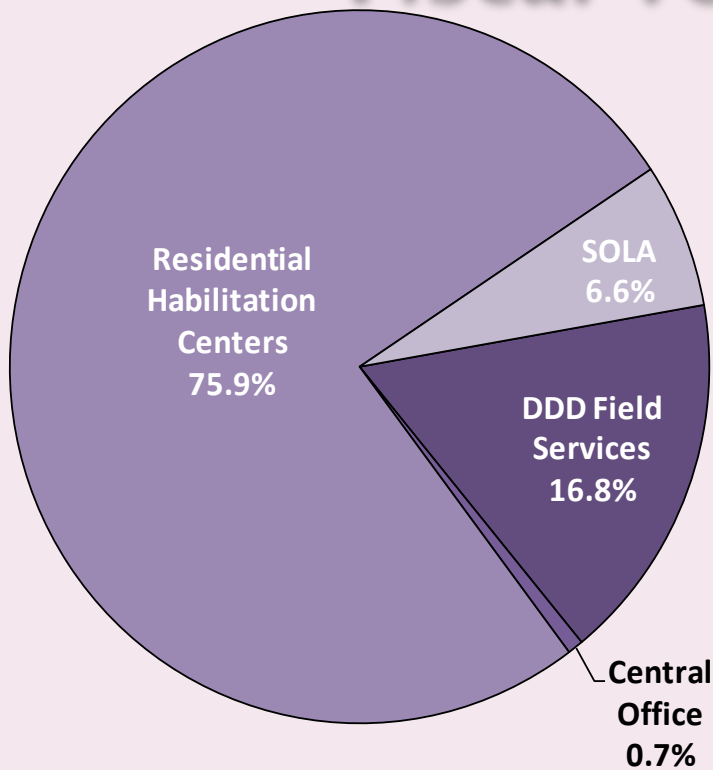
**CARE Database - DDD Clients  
Washington State 2010**



**U.S. Census 2010**



# Profile of DDD Staffing Fiscal Year 2011



FTE = Full Time Employee

Staff	FTEs 2008	FTEs 2009	FTEs 2010	FTEs 2011
RHC	2573	2563	2617	2624
SOLA	227	227	227	227
Field Services	516	532	576	582
Central Office	51	51	51	25
Total FTEs	3,321	3,373	3,471	3,458



# Quality is Everyone's Business

The Division of Developmental Disabilities (DDD) believes that the quality of programs and services delivered to people with developmental disabilities in Washington State is everyone's business. With this in mind, this report is the second annual report to the public and stakeholders.

The [Residential Service Guidelines](#) issued in 1988 and the [County Guidelines](#) issued in 1992 also provides our vision. (See mission and values on the next page.) These core guidelines were developed by a workgroup made up of consumers and their families, residential service providers, Counties and employment providers, advocates, and DDD staff.

The goal is for the following *Guidelines* to direct all residential and vocational services delivered to people with developmental disabilities.

### Developmental Disabilities Guidelines

Power and Choice	Making our own choices and directing our own lives
Relationships	Having people in our lives whom we love and care about and who love and care about us
Status / Contribution	Feeling good about ourselves and having others recognize us for what we contribute to others and our community
Integration	Being a part of our community through active involvement. This means doing things we enjoy as well as new and interesting things
Competence	Learning to do things on our own or be supported to do things for our self.
Health and Safety	Feeling safe and secure, and being healthy.

# SYSTEMS TO ENSURE QUALITY

## **The DDD Case Resource Manager and Social Worker are the First Line of Quality Assurance for Clients.**

DDD Case Resource Managers (CRMs) and Social Workers (SWs) manage caseloads of varying size in Washington State depending upon the services provided. The typical Waiver CRM currently manages a caseload of 75 clients.

The CRMs who work with adult clients or SW, who work with children are the primary contact for individuals enrolled within DDD. They perform assessments; develop, implement and monitor Individual Support Plans; work with contracted providers; and authorize payment for services. As the first line of contact for clients and families, CRMs and SWs must understand state and federal regulations governing the programs and services for which they authorize payment. Additionally, they provide information about, and make referrals to, other community, state and federal programs available to people with developmental disabilities in Washington State.

The DDD Case Resource Manager / Social Worker provides the primary oversight and monitoring of the Individual Support Plan (ISP).

Case Resource Managers and Social Workers assist individuals and their families to:

- ▣ Identify interests and support needs; and
- ▣ Access DDD services and/or other community resources for which they are eligible and have a need.

Case Load Ratio Averages per Full Time	2008 Averages	2009 Averages	2010 Averages
Community Protection Program: Policy = 50:1	46.4	46.2	47.2
Voluntary Placement Services: Policy = 30:1	28.3	47.1	30.0
Other Waiver Programs: Policy = 75:1	72.4	71.3	73.8
Non-Waiver Paid Services = 105:1	98.9	81.4	83.3
Mental Health Caseload = 30:1	Not Available	Not Available	27.5
No-Paid Services	810.5	658.2	707.7

Data Source: Assessment Activity Reports

# Office Of Compliance and Monitoring – QCC Team

This seven-member team is comprised of a Unit Manager and six Quality Control and Compliance (QCC) coordinators. The coordinators are headquarters employees assigned to the DDD regions. The team facilitates the creation and consistent application of policy and procedures to help ensure a more reliable DDD service system in community based programs.

This team conducts required annual audits of DDD's five Home and Community Based Services (HCBS) Waivers. In addition to these annual audits, the team completes at least one additional audit during the year. Past audits have included: Intake and Eligibility process, Community Protection Program, Medicaid Personal Care services, and Voluntary Placement Services.

Team members are designated specialists for various programs/services. Among these are: DDD's HCBS Waivers, Personal Care, Individual and Family Services Program, Residential Services, Intake and Eligibility, Social Service Payment System, Case Management Information System, DDD Assessment, County Services, Contracts and Administrative Hearings.

The QCC team is one of the training teams for DDD employees. Members of the team develop and conduct training for the DDD Academy. The Academy is four weeks of training for new Case Resource Managers, Social Workers and Supervisors.

**Left to right: Loren Gomez, Teresa Dominic, Sandy Eklo, Shannon Manion, Art Gomez, Karen Malisani and Dave Harding.**



# Assessment Tool

The DDD Assessment is a comprehensive, computerized assessment to evaluate the specific, individual support needs of either children or adults with developmental disabilities who live in the community. It provides information to develop service plans when resources are available.

### **Why was it developed?**

A legislative oversight committee recommended an assessment process that would:

- be consistent
- be a standardized business process
- be fair
- be equitable
- use an existing system
- clarify policies and standardize practices

### **How does it help a person with Developmental Disabilities?**

The DDD Assessment evaluates support needs:

- To perform personal care tasks
- To participate in the activities of daily living as fully as possible
- To work
- For behavioral interventions
- For medical help and caregiver needs

### **Who helped to create The DDD Assessment?**

DDD worked with many different groups to develop this new assessment:

- Individuals with developmental disabilities
- Parents
- Advocates
- Service Providers
- DDD staff
- National authorities

### **What are its Benefits?**

- Customized and designed for people with developmental disabilities
- Ask the same information about all people who are enrolled in DDD
- Collects common data about all DDD clients for planning and business practices
- Is completed annually and maintains current information about each person
- Creates an integrated, consistent assessment tool

# Assessment Tool

### What are the component parts of the assessment?

#### First: A Support Assessment

- A Supports Intensity Scale (SIS) Assessment for people age 16+
- A Children's Support Needs Assessment for children under age 16
- Additional questions about Exceptional Medical and Behavior Supports, and Family Caregiver Needs

The assessment ends here if the person does not receive any paid services.

#### Second: A Service Level Assessment

- Determines service levels and determines number of hours for personal care (using the CARE system)
- Collects health related information
- Identifies employment support levels for individuals receiving county services
- Asks additional questions, depending on which services the person is considered for

#### Last: An Individual Support Plan (ISP)

- Creates a written ISP
- Authorizes DDD paid services that a person is approved to receive
- Documents referral information
- Identifies health and welfare needs
- Identifies service providers and describes DDD's expectations of them

### How does the Division ensure Assessment quality?

#### Four ways:

- ▣ Inter-rater Reliability (IRR) is a process to evaluate the quality, consistency and stability of scoring between an interviewer and a reviewer who conduct Assessments. The level of agreement between the interviewer and reviewer is reported as a percentage.
- ▣ Case Resource Managers (CRM) demonstrate an IRR level of at least 87% agreement in their scoring of the Support Needs Scale in order to meet high levels of reliability and confidence in support rating scores.
- ▣ Procedures for correct "ICF/ID Level of CARE" administration. For clients age 16 and older, this component is the SIS. For clients' age birth through 15, DDD uses the Support Needs Assessment for children.
- ▣ Annual Shadow Reviews of CRMs done by Joint Requirements Planners (JRP). This meets the expectations of the American Association on Intellectual & Developmental Disability (AAIDD) and the requirements of the Centers for Medicare and Medicaid Services (CMS). Shadow Reviews are scored and analyzed.



# JRP Team

The Joint Requirements Planning (JRP) Team has a central program manager and JRP representatives located in each DDD region. JRP team members are the regional experts on the administration of the division's comprehensive assessment and all associated software applications within ADSA's CARE system. The JRP Team trains all Field Services staff regarding the use of multiple applications within the CARE system. These include: CMIS, the division's comprehensive assessment process, and the American Association on Intellectual & Developmental Disability's (AAIDD) Supports Intensity Scale (SIS). Training is provided at the DDD Field Services Academy and in the region on a monthly basis. JRPs conduct software testing of the CARE system enhancements to ensure that the software is designed according to documented business requirements and that it is working correctly before deployment.

JRPs conduct shadow reviews regarding the administration of the SIS for new CRMs and annual shadow reviews on a representative sample to evaluate CRM use and understanding of best practice standards. All this promotes assessment inter-rater reliability.

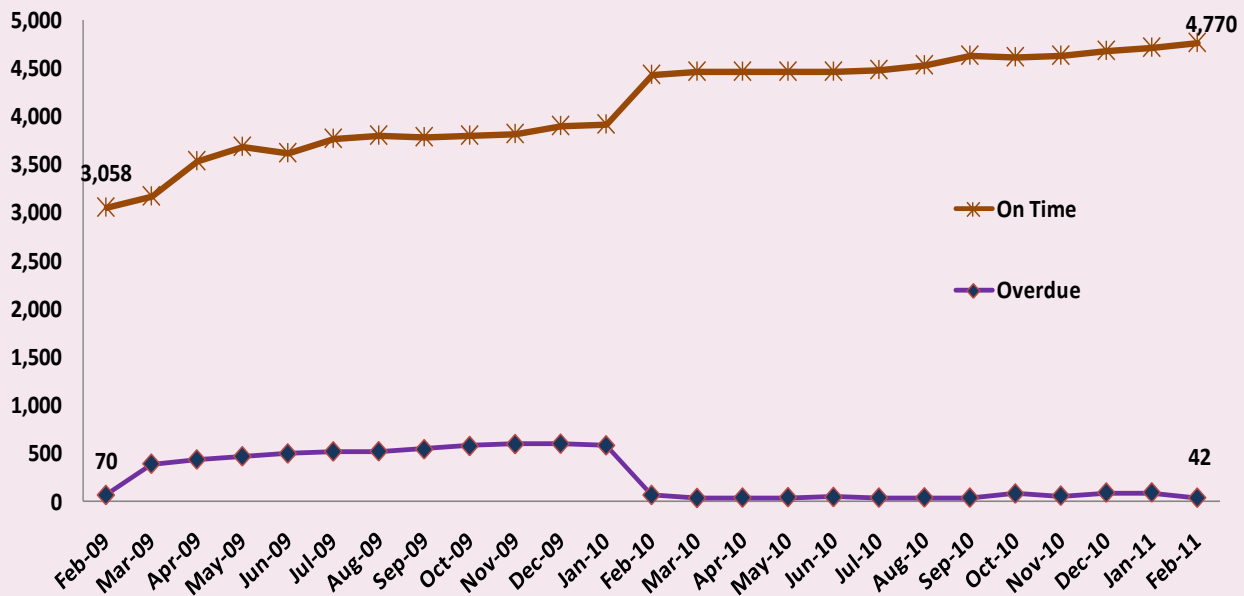
**Back Row: Jerry Schmidt , Mark Eliason, Ron Bryan, Nancy Tolan, Mark Bennett**  
**Front Row: John Albert and Vanessa Stanley**



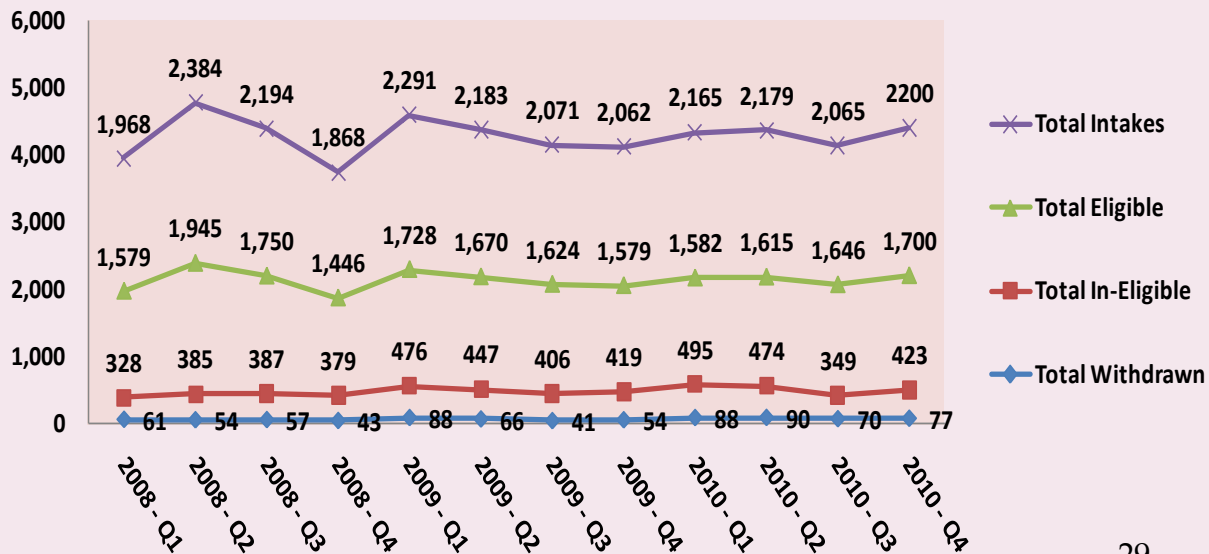
## Assessment Activity Report

DDD Assessment Activity Reports are compiled each month for DDD staff and management. These reports track over 100 key indicators related to the activities across the division. The report is located on the DDD SharePoint site so that staff and management can access easily. Charts are constructed using data in the report for some of the more critical processes. These are two examples of the data that is monitored.

**Lines 61 & 62 Basic Waiver Assessment On Time or Overdue**



**Intake Process**





# DDD Staff Training

**A comprehensive DDD Staff Training Program** provides excellent training to Case Managers and other Division employees who support DDD clients.

- All new case managers are required to complete training.
- Throughout 2010, opportunities were provided to all DDD employees to access training, designed to enhance the skills they bring to Developmental Disabilities.
- A new electronic training system called the DSHS Learning Center was introduced in 2010 for tracking staff training.

### **DDD Headquarters Training Program Managers:**

Linda Gil, Staff and Provider Training

Fran Elliot, Field Services



## Training Report for 6 months in 2010

# of Participants	Training Category
33	ACES
131	Annual CARE system training
412	Annual Waiver Training
35	CARE System Enhancements
16	CORE Training
37	DDD Academy CARE(CMIS Assessment & Policy)
127	DDD Overview of Programs and Services
136	Health Related Services and/or Nursing/Medical
108	Incident Management/Mandatory Reporting
21	Individual Family Services Program
64	Mental Health/Behavioral Health
107	Performance Accountability and Quality Improvement
132	SSPS Advanced Training
27	SSPS Monitoring
124	SSPS Review
22	SSPS/CASIS
16	State Supplementary Payment Program (SSP)
42	Voluntary Placement Services (VPS)

**1590 Total Participants**

# DDD Provider Training

### What is Provider Training?

#### PROVIDER TRAINING 2010

- The Division of Developmental Disabilities provides training on a Department approved curriculum, DD Specialty Training, to Adult Family Home (AFH) providers through contracted trainers.
- DD Specialty Training is a three-day (18 hours) introductory training intended for new employees supporting individuals with developmental disabilities. The following seven modules are covered with required competency testing included during the course:
  - Overview of Developmental Disabilities
  - Values of Service Delivery
  - Effective Communication
  - Introduction to Interactive Planning
  - Understanding Behavior
  - Crisis Intervention and Prevention
  - Overview of Legal Issues and Individual Rights

### What is Specialty Training?

#### DDD Specialty Training

- In 2010, four certified and contracted trainers delivered training to a total of 909 AFH providers. The results of this training enhance and strengthen the quality of support individuals with developmental disabilities receive in community residential settings.
- In 2010, subject matter experts delivered **68** Provider Opportunity Trainings to providers in residential settings for the purpose of improving their skills and knowledge while supporting people with developmental disabilities.

### What training is provided for DDD's Individual Providers?

#### Individual Providers (IP)

- **Initiative 1029** passed by Washington voters in November 2008 became law in 2010. Home care workers belonging to the SEIU received training provided by the SEIU Healthcare NW Training Partnership. Information on training for Individual Providers may be found at <http://www.seiu775.org/training/Default.aspx>.

### What training is provided for DDD's Residential Providers?

#### Residential Providers

- Staff working in residential settings receive a **DDD Certificate of Completion** when they successfully complete the Department approved 40-hour training provided by a qualified trainer. Training began in 2010 and continues in 2011.

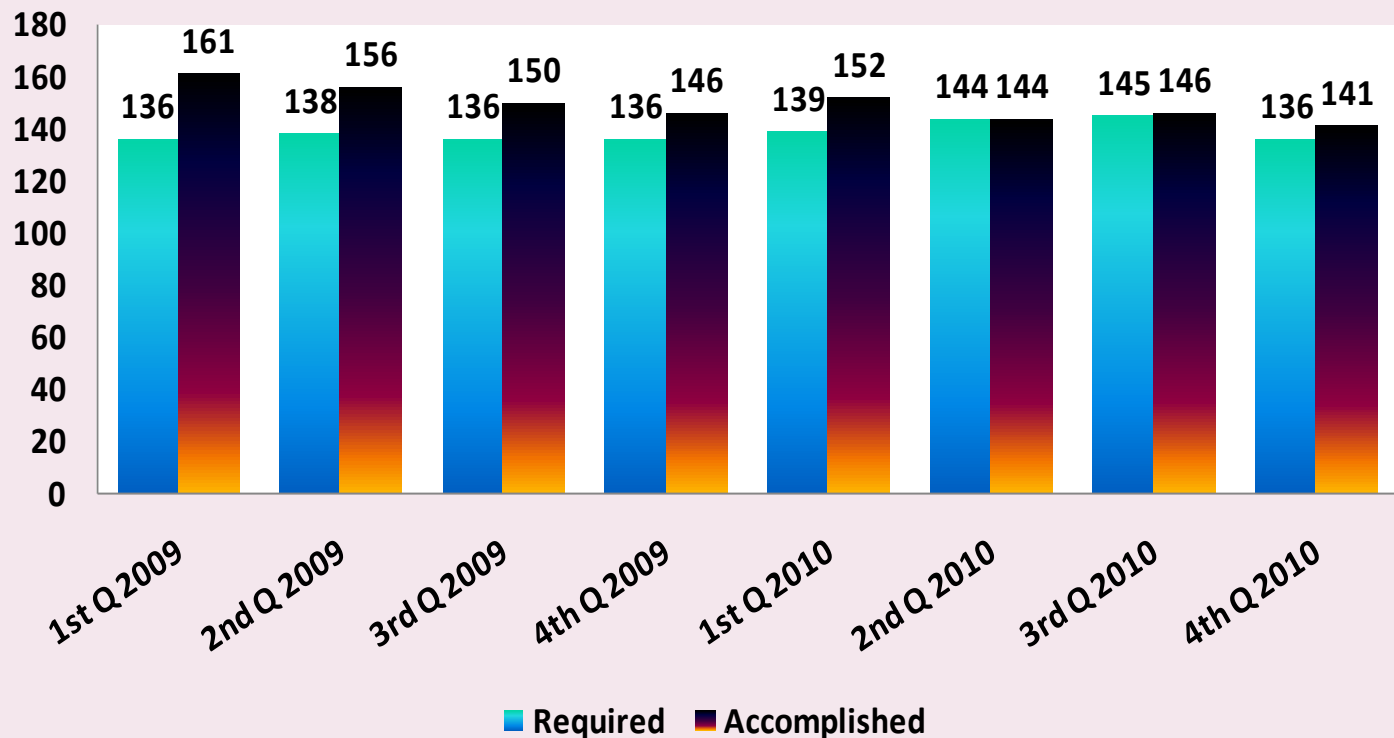
# Monitoring Children

**Voluntary placement services (VPS) for children** engage communities, local service providers, the DSHS Children's Administration, the DSHS Division of Behavioral Health and Recovery, and other stakeholders to offer a variety of supports and services to a child residing in a licensed setting outside of the child's family home. This occurs when a child's disabilities are so severe the parents request an out-of-home placement, due to their child's disability. The child's disability may be so significant that it has an impact on the family's ability to manage their child in the family home.

Parents retain custody of their children and work in partnership with the licensed provider to provide shared parenting to best support their child and the child's individual needs.

Each child/youth in the identified licensed setting **is visited by a DDD social worker at a minimum of every 90 days**. The results are included in DDD Regional Ternary Reviews and information from visits is provided to the Department of Licensing Resources (DLR) regional licensor if appropriate and necessary. Data below is from the VPS database maintained by regional staff.

### Statewide Voluntary Placement Services Client Quarterly Visits Made by DDD Social Workers

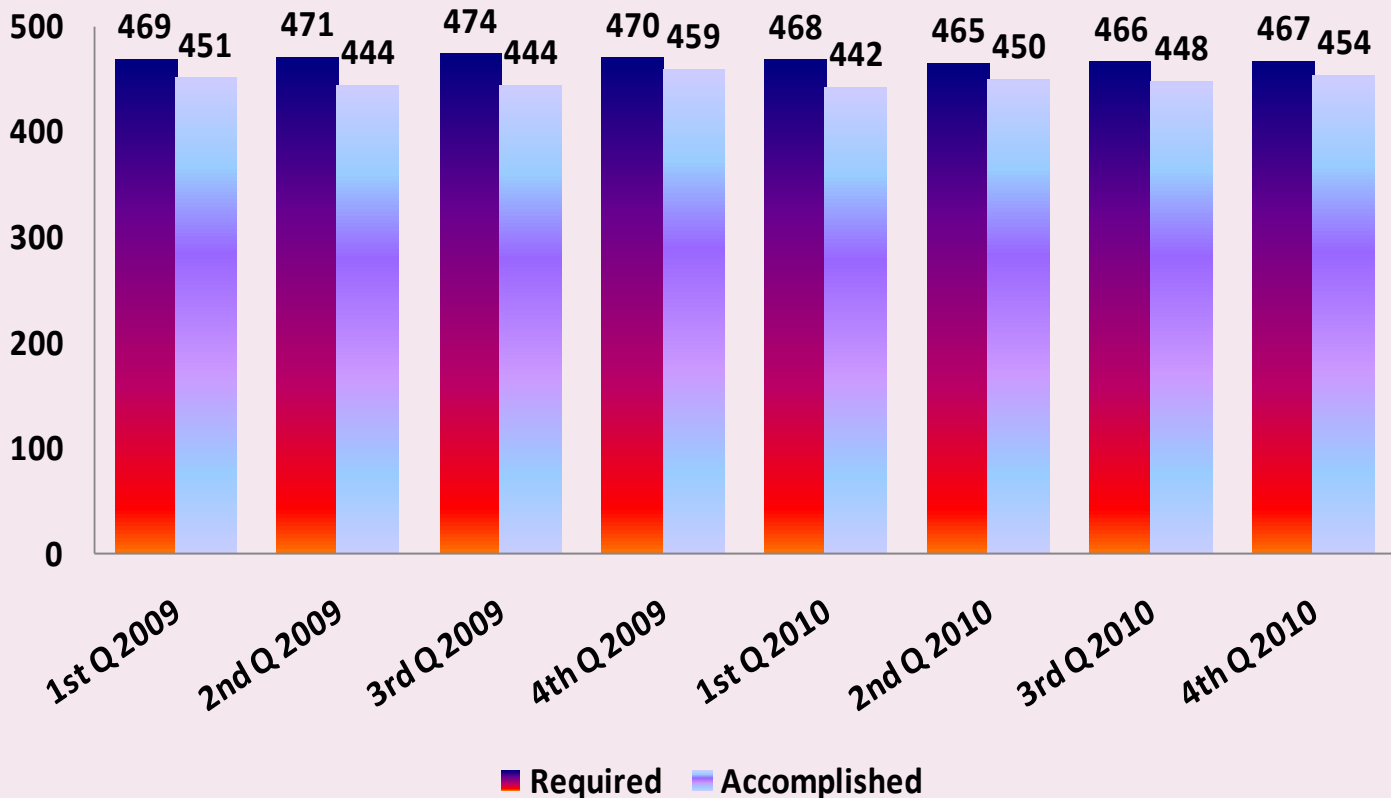


# Monitoring Community Protection

The Division of Developmental Disabilities (DDD) Community Protection Program (CPP) provides 24-hour supervision and support for people with developmental disabilities who have committed serious crimes, spent time in prison, and/or committed crimes, but were not charged or were found incompetent to stand trial. All CPP participants present a current risk to others as determined by a qualified therapist. There are approximately 465 people in the program who live in communities throughout Washington.

**Each Community Protection Client is visited by their case manager during the treatment team meetings held at least every 90 days. Data below is from the community protection database maintained by the region.**

**Statewide CP Client Visits Made by CP Case Managers**



# Monitoring Clients Moving

**After a Client has moved from a RHC or State Hospital,** the Regional Quality Assurance staff visits the person three times within the first year of the move to interview and observe the person in their new home.

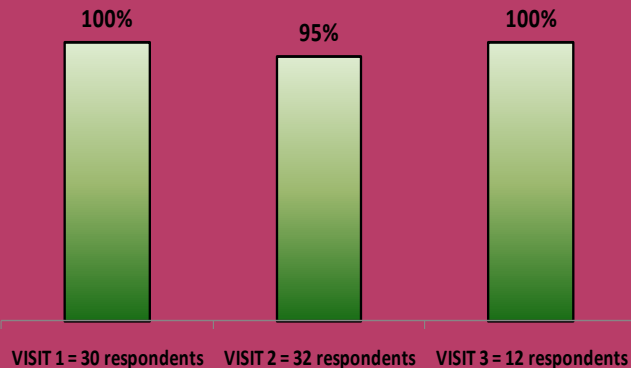
**The steps in the process are as follows:**

- Thirty day visit by the Regional Quality Assurance staff;
- Three to six month visit by the Regional Quality Assurance staff;
- One year visit by the Regional Quality Assurance staff.

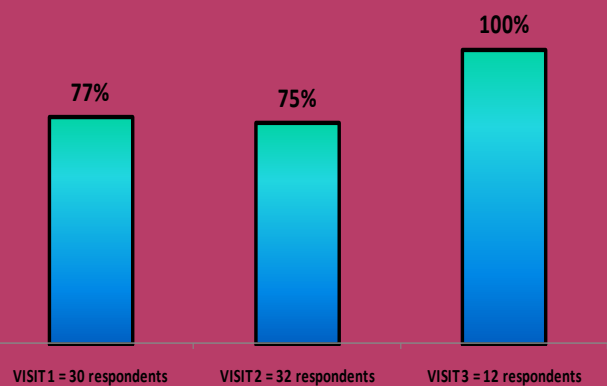
All survey information is entered into a database. The QA Manager uses this information to find out how well the client is adjusting and if there are concerns. QA managers work directly with the person's Case Manager when there are issues to correct.

**Examples of Responses from Movers Survey from May 2009 - January 2011.**

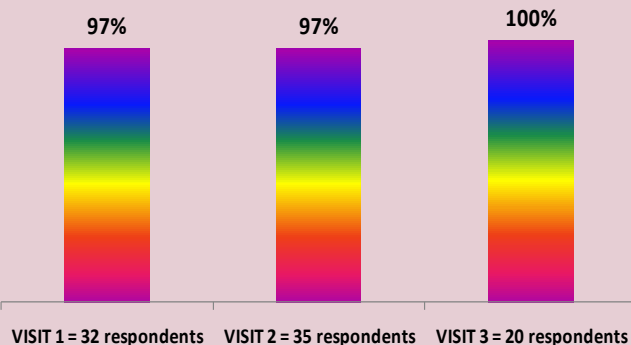
**Are you satisfied with the services you are getting? Responding "Yes"**



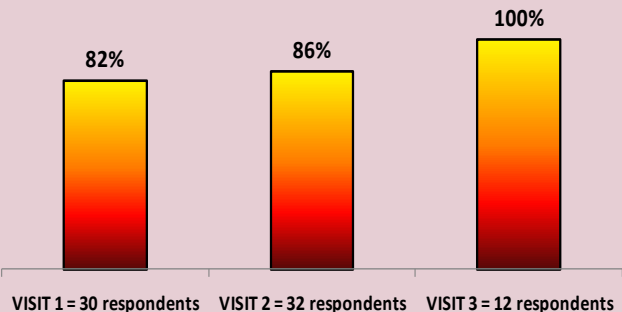
**Does your case manager respect your choices? Responding "Yes"**



**Does the participant have a primary care physician? Responding "Yes"**



**Are you satisfied with the overall quality of support given to you by this provider? Responding "Yes"**



# NATIONAL CORE INDICATORS (NCI) SURVEYS

### What is NCI?

**The National Core Indicators Surveys** are common questions used to measure the same items in any state.

- States use the information for comparison and state-specific research, to make changes in the way they deliver support services and to improve the quality of life.
- In 1997, 13 states began participating, including Washington.
- Currently, 31 states and 4 sub state regions use this survey.
- Provides an unparalleled 10-year database information on over 12,000 individuals.
- Washington State uses it to evaluate common services provided for people with disabilities.

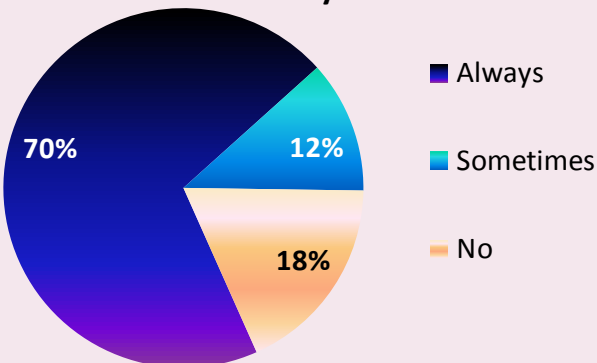
### Who else uses this information?

**The Developmental Disabilities Council (DDC)** has been involved since 2004.

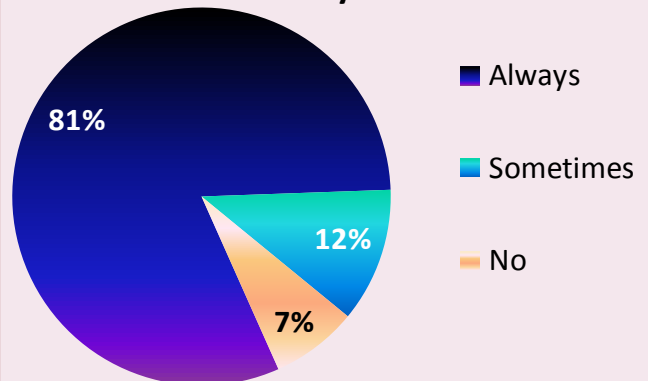
- DDC studies and makes recommendations on national reports provided by the NCI study.
- The division reports periodically to DDC on changes made based upon those recommendations.
- The division includes information on DDC recommendations when reporting to management and the Centers for Medicaid and Medicare Services.

Example question from NCI – “**Have services made a difference in helping keep your family member at home?**” See responses below.

NCI Survey 2001-2002



NCI Survey 2009 - 2010

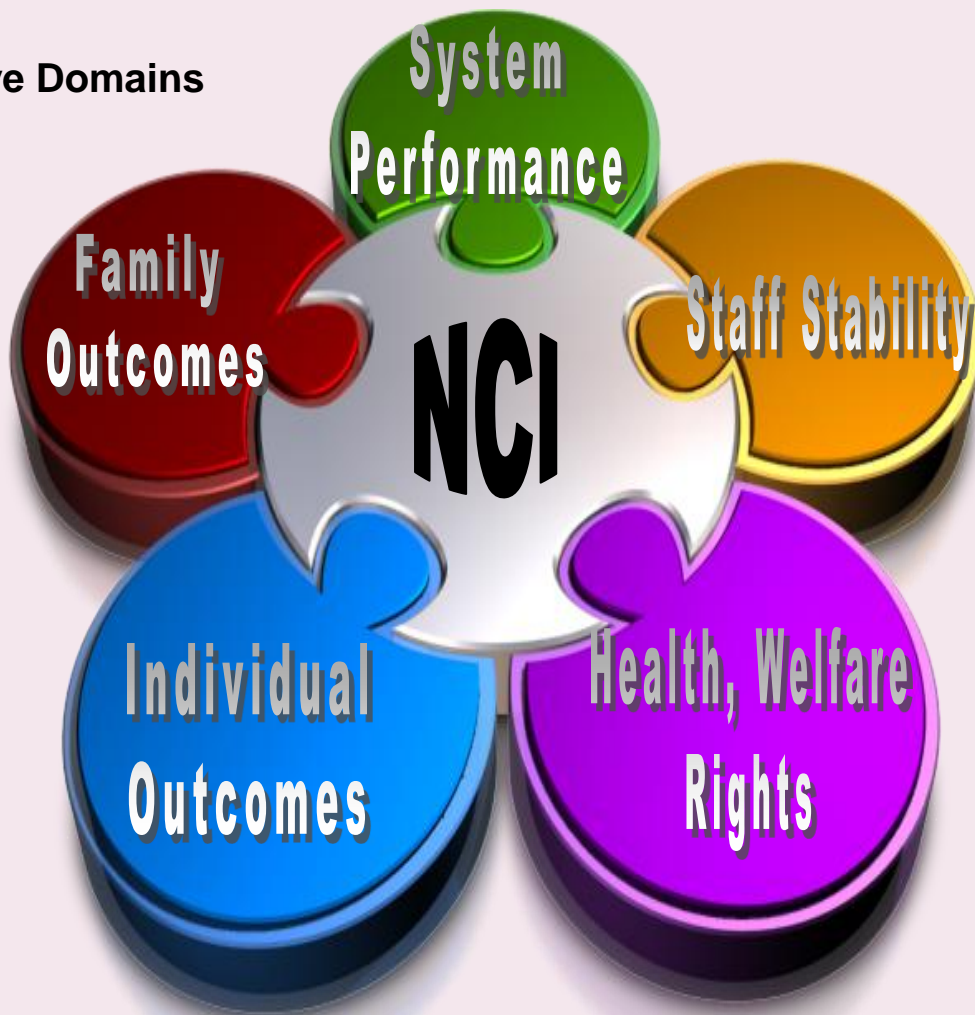




# *NCI Framework*

How is the survey organized?

- ▣ Two Surveys – Adult and Children
- ▣ 100 Core Performance and Outcome Measures
- ▣ Five Domains



Each Regional Quality Assurance team is assigned a statistically valid random sample of waiver clients. Each team is responsible for administering a face to face survey to the clients in their region. These interviews are used to provide state and national data. The regional teams were successful in completing all face to face NCI survey visits on time each year.



# Regional QA Manager and Performance Quality Improvement (PQI) Staff Activities

**Each Region has a Quality Assurance Manager who is assigned to complete the following activities:**

- Manage the Incident Reporting System for the Regions; including being the prime liaison with DDD Headquarters.
- Work with the Assistant Attorneys General on guardianship issues.
- Manage the mortality review system for the region including special reviews as required.
- Develop the Quarterly Regional Quality Assurance report, in conjunction with regional management; including analyzing regional incidents reported trends and patterns.
- Fulfill Allen/Marr Settlement responsibilities.

### **Regional PQI Position Expectations:**

- Visits to new Adult Family Homes and others as assigned.
- Attend Adult Family Home Orientation meetings and others as assigned.
- Other AFH assignments, including managing the technical assistance process for AFH providers if assigned.
- Schedule/host DDD Specialty Trainings and other trainings as assigned.
- Do the three-part “Mover’s Survey” for all Allen/Marr clients who move from a psychiatric hospital after residing there for 90 days or more.

### **Regional QAM/PQI Duties as Assigned:**

- Complete surveys of movers from the Residential Habilitation Centers – 3 visits in first year of move. Include volunteers in visits 2 and 3 when appropriate.
- Complete annual National Core Indicators surveys of waiver recipients.
- Complete quality assurance follow-up on service issues in residential or home situations as requested by DDD Headquarters or regional administration.
- Provide technical assistance for problem situations as requested by regional administration.
- Participate in yearly reviews of Children’s Licensed Staffed Residential Homes, along with Licensing staff and Nursing Care Coordinators as indicated.

# SYSTEMS TO ENSURE QUALITY



## DDD Regional Quality Assurance Staff 2010

Renee Temple, (left) Performance and Quality Improvement, Kim Abe-Gunter, (Center) Regional Quality Assurance Manager, and Cheryl Alderman, (right) Performance and Quality Improvement Specialist.

Kim Abe-Gunter's email address:  
[AbeGuki@dshs.wa.gov](mailto:AbeGuki@dshs.wa.gov)

### Region 1 Team



Shiela Hyvonen, (right) Quality Improvement Manager and Deborah Daunhauer, (left) Performance and Quality Improvement Specialist. Shiela Hyvonen's email address:  
[HyvonVS@dshs.wa.gov](mailto:HyvonVS@dshs.wa.gov)

### Region 2 Team



# SYSTEMS TO ENSURE QUALITY

## Region 3 Team

**Linda Cummings - Clinical Support Supervisor and Quality Assurance Manager (middle), Beth Clark on the left and Adina Angle on the right, Performance and Quality Improvement Specialists.**

**Linda Cumming's email address:**  
**[cummiLI@dshs.wa.gov](mailto:cummiLI@dshs.wa.gov)**



## Region 4 Team

**Martha Gluck (left) Regional Quality Assurance Manager, Ann Maxwell (center) Performance and Quality Improvement Specialist, and Neal Hallmark (right) Performance and Quality Improvement Specialist.**

**Martha Gluck's email address:**  
**[GluckMK@dshs.wa.gov](mailto:GluckMK@dshs.wa.gov)**



# SYSTEMS TO ENSURE QUALITY

**Dennis Kaeser (left) Performance and Quality Improvement Specialist, Susan Duhamel Data Entry and Training Coordinator (not shown), Bob Furman (right), Performance and Quality Improvement Specialist and Debbie Roberts (middle), Quality Assurance Manager.**

## Region 5 Team



**Kate Gallagher (left) Performance and Quality Improvement Specialist, Anna Facio (middle), Quality Assurance Program Manager, Andrea Hymas (right), Performance and Quality Improvement Specialist.**

**Anna Facio's email address:  
[facioam@dshs.wa.gov](mailto:facioam@dshs.wa.gov)**

## Region 6 Team





# Incident Management

Every four months the **Incident Report (IR) Review Team** reviews the **regional Quality Reports** developed by the Regional QA managers from each region.

In addition to reporting on client visits and other regional QA activities, regional QA managers analyze the regional incidents data. The goal is to identify the causes and ensure appropriate follow-up. Each regional QA manager analyzes any special causes from the nine key indicators and does an in-depth analysis of any client with 3 or more Incidents reported during the reporting timeframe. This analysis provided to the IR team is reviewed again by the IR team to ensure the client's safety. Each month the IR team member also do an in-depth analysis of a random sample pulled from the IR database and the information is recorded in the IR Case File review.

**\*\*The Regional QA staff are listed on previous pages.**

**IR Team Members: Back Row Left to Right – Dave Langenes, Debbie Roberts, Saif Hakim, Marci Arthur, Dave Davis, Shaw Seaman, Christie Seligman. Front Row Left to Right – Charlotte McDowell, Sher Stecher, and Janet Adams.**

**Team members not pictured: Debbie Couch, Shirley Everard, Nichole Jensen, Shannon Manion, Branda Matson, and Kris Pederson.**



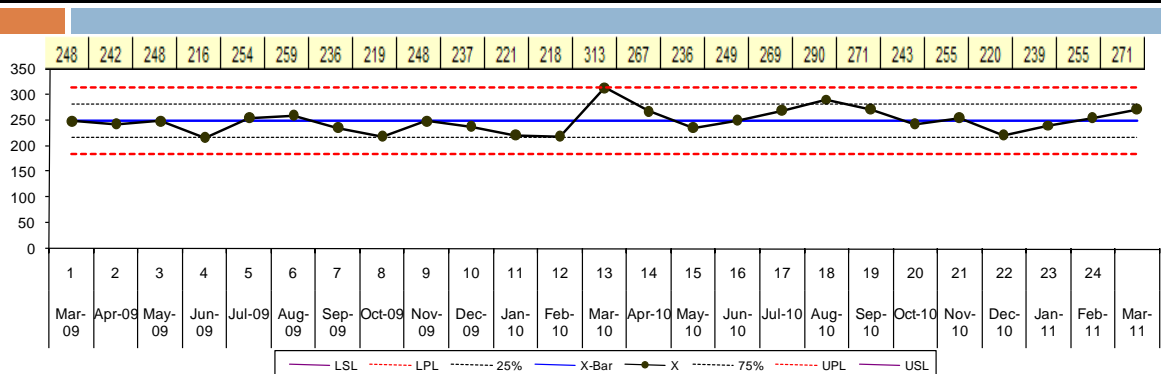
# Incident Management

Between 4,000 and 6,000 **alleged incidents of concern** are managed through an electronic incident reporting system each year. Field Services staff use the system to report critical incidents to supervisors, resource managers and to Central Office. Once received at Central Office the reports are sent to the appropriate program manager to review and determine appropriate action or follow-up if necessary.

The DDD Central Office **Incident Report (IR) Team** meets monthly and represents a broad range of expertise. The team reviews and analyzes data pulled from the Incident Reporting Database with the goal of identifying the cause and ensuring appropriate follow-up. In addition to reviewing control charts, the team performs an in-depth analysis of a random sample of eight Incidents reported for waiver clients. In both the control chart reviews and the in-depth analysis of single incidents, areas of concern are identified for action and follow-up. All the control charts and the in-depth analysis are available to DDD staff on SharePoint sites.

The **IR Team** reviews nine key indicators from Waivers, RHCs, Regions and Community programs: the charts depict overall monthly counts of alleged physical abuse, sexual abuse, mental abuse, financial exploitation, neglect, medically emergent, staff to client incidents, injuries of unknown origin and client to client incidents as well as evaluations of high profile single incidents. See example of control chart below.

## Health and Safety | Division of Developmental Disabilities | Quality Assurance All Waiver Clients – Monthly Totals for All Alleged IRs Reported to Central Office



**Situation:** The data begins with March 2009 and ends March 2011.

**Analysis:** The process has one point at the upper process limit in March 2010. The analysis indicates this is due to increases the same months for the Core Waivers.

**DATA NOTES** | SOURCE: Incident Database- All DDD Central Office reports and DDD aware  
Charlotte McDowell 4-26-11

DDD Quality Assurance

# Statewide Investigation Unit

## DESCRIPTION

The Statewide Investigation Unit (SIU) was established by the Division of Developmental Disabilities (DDD) in 2007 to respond to federal law that requires independent investigation of the most serious classifications of incidents that occur at the five Residential Habilitation Centers (RHCs). The unit maintains an incident tracking and data analysis system to assist in identifying patterns and trends of incidents in the RHCs.

The SIU is comprised of seven Compliance and Investigation Managers who are supervised and directed by the SIU Program Manager. The manager is located in the DDD Central Office and the investigators are located at the RHCs in DSHS Regions 1, 4 and 5.

Federal regulations require that ICF/ID facilities and Nursing Facilities have evidence that all alleged violations are thoroughly investigated and that actions are taken to prevent further harm while investigations are in progress. When allegations of suspected abuse or neglect are made or other critical incidents occur within the RHCs, it is appropriate to involve investigators from outside the facility's chain of command.

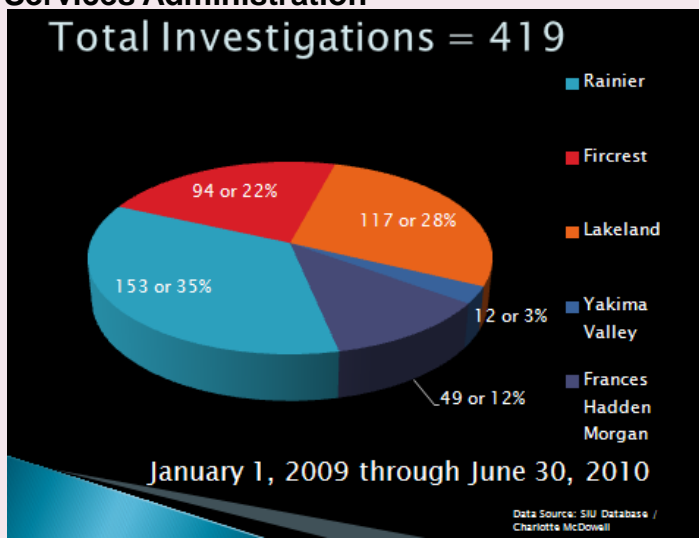
By conducting independent, thorough, and timely investigations of serious incidents and monitoring the RHCs for compliance with plans of correction and federal and state regulations and policies, the SIU provides quality services and supports to ensure that individuals residing at the RHCs achieve safe, self-sufficient, healthy, and secure lives.

## FOR MORE INFORMATION, CONTACT:

**Janet Adams at [AdamsJE@dshs.wa.gov](mailto:AdamsJE@dshs.wa.gov)**

**Division of Developmental Disabilities**

**Aging and Disability Services Administration**





# Mortality Reviews

### **What is DDD's Mortality Review Process?**

It is a consistent process for review of all deaths of individuals that receive services from DDD. The Region/Residential Habilitation Center (RHC) reports every death of every service recipient through the DDD Incident Reporting System.

The Region/RHC further reviews each death of a client receiving residential services for circumstances/cause of death; were policies and procedures followed; were proper clinical and medical practices observed; and reviews all findings with the Attorney General's Office (AGO).

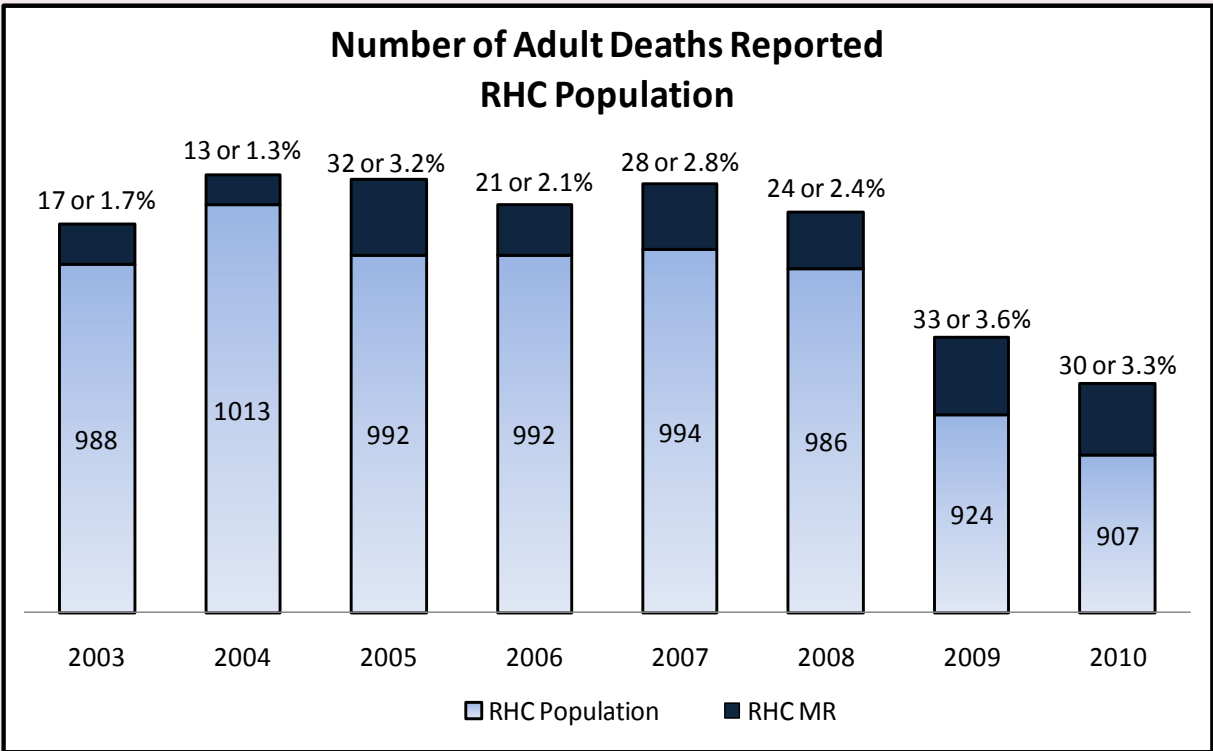
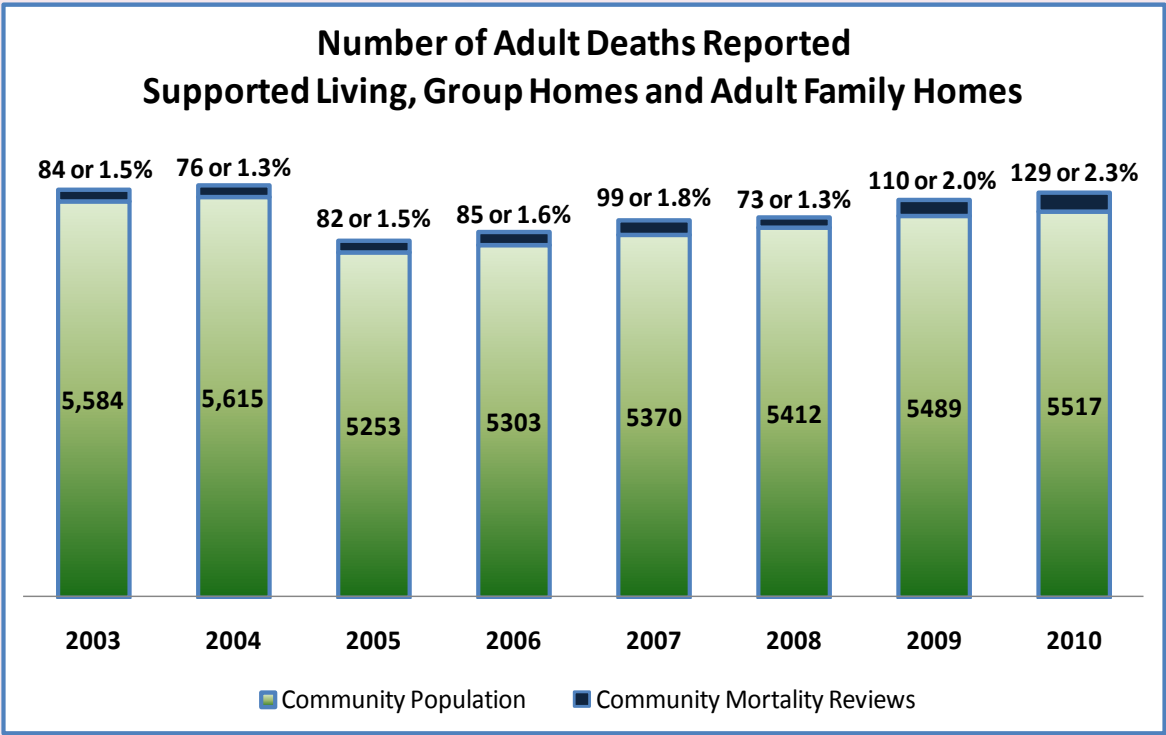
In addition, unexplained or unusual deaths receive further review/investigation including administrative and necessary clinical investigations, as necessary. Families/Guardians are encouraged to request an autopsy, particularly when the death is unexpected or unexplained.

All results must be subsequently forwarded to the DDD Office of Quality Programs and Services (OQPS) for Central Office Mortality Review Team (MRT) action. The MRT includes administrative, medical, investigatory and other professional personnel who:

- Review 100% of mortality review reports from the Regions and RHCs;
- Review data from the Incident Reporting system and the Department of Health and identify trends and patterns;
- Make reports and recommendations to DDD Management concerning needed training, policy or procedural changes; and
- Follow up with regional personnel to ensure recommendations or required follow-up is completed.

# Mortality Reviews

## Examples of Data Analysis



## Nursing Care Consultants

**NURSING CARE CONSULTANTS ARE REGIONAL AND DO THE FOLLOWING:**

- **Review the nursing services contracted to provide in-home care for Medically Intensive Children.**
- **Review the nursing services contracted to provide in-home Private Duty Nursing for adults.**
- **Investigate and develop reports in the following areas:**
  - Health and Safety
  - Complaints
  - Agency concerns
  - Nurse Delegation
- **Provide consultations and assessments** on nursing needs for Waiver clients as requested by case managers and supervisors.
- **Provide Special Nursing Assessments** when requested by Regional staff.
- **Develop and Provide Training** to DDD staff, providers and others upon request on health care issues.
- **Consult with Case Managers concerning people moving out of RHCs** who have significant health issues
- **Act as a resource** to their assigned Regions.
- **Provide Expert Witness information** as needed by DDD.



### Nursing Assessments, Visits, Investigations and Trainings

Duties	2009	2010
Medically Intensive Children's Program home visits	146	202
Medically Intensive Children's Program; Initial reviews	125	153
Private Duty Nursing home visits	62	83
Nurse Delegation investigations	4	2
Special reviews or investigations	9	16
Trainings on sexual assault for providers and staff	18	6
Trainings on skin breakdown for providers and staff	15	8
Trainings on MRSA for providers and staff	13	7
Trainings on aspiration/pneumonia	13	6

## Adult Protective Services

### What is APS?

The goal is to protect Vulnerable Adults from abuse, neglect, self-neglect, abandonment, and financial exploitation. We value client self-determination and the professional expertise of our APS colleagues, while working to prevent and end harm by:

- Conducting objective, timely, and thorough investigations ;
- Assisting vulnerable adults to access appropriate services in accordance with statute, rules, policy, and client consent;
- Networking and coordinating with others to serve vulnerable adults; and
- Educating vulnerable adults and the community about abuse, neglect, self-neglect, abandonment, financial exploitation, and protective services.



## RCS Complaint Investigations

### What is the Complaint Resolution Unit?

The law requires the Residential Care Services (RCS) Division to investigate reports of abuse, abandonment, neglect, and misappropriation of resident funds. The RCS Complaint Resolution Unit (CRU) hotline accepts calls about nursing homes, boarding homes, adult family homes, institutions for persons with intellectual disabilities, and certified supported living settings. However, there is “no wrong door” in RCS. The CRU has the capability of referring calls about other settings to the appropriate agencies.

Depending on the nature and severity of your reported issues, calls may also be referred to local law enforcement, licensing boards, Medicaid Fraud, county prosecutors, and the RCS Resident Client Protection Program.

By law, RCS investigative visits to the home or facility are never announced. The name of the person that reported the issue is never shared with the home or facility.

Hotline callers (i.e., “complainants”) are our partners in helping to protect residents in residential long-term care settings.

# Links to Complete Description of Programs and Services

To view the webpage, put your cursor on the selection below, then right click and select "open hyperlink"

[DDD Alternative Living Services](#)

[DDD Children's Intensive In-Home Behavioral Support](#)

[DDD Community Protection Program](#)

[DDD Companion Homes](#)

[DDD County Programs](#)

[DDD Employment Partnership](#)

[DDD Group Homes - Group Training Homes](#)

[DDD Home and Community Based Services Waivers](#)

[DDD Individual and Family Services Program](#)

[DDD Medically Intensive Children's Program](#)

[DDD Quality Framework for Community Services](#)

[DDD Residential Habilitation Centers](#)

[DDD Residential Services for Children and Youth](#)

[DDD State Supplementary Payments](#)

[DDD Statewide Investigation Unit](#)

[DDD Supported Living Services](#)

[DDD Training for Residential Employment and Individual Providers](#)

[Roads to Community Living](#)

# Appendix

## Commonly Used Acronyms

<b>ADA</b>	Americans with Disabilities Act of 1990
<b>ADD/ADHD</b>	Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
<b>ADH</b>	Adult Day Health
<b>ADSA</b>	Aging and Disability Services Administration
<b>AFH</b>	Adult Family Home
<b>BH</b>	Boarding Home
<b>CA</b>	Community Access for individuals 62 and above
<b>CH</b>	Companion Home
<b>CHDD</b>	Center on Human Development & Disability
<b>CIIBS</b>	Children's Intensive In-Home Behavioral Support
<b>CMIS</b>	Case Management Information System
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>COPES</b>	Community Options Program Entering System (HCS waiver)
<b>CPP</b>	Community Protection Program
<b>CRM</b>	Case Resource Manager (DDD)
<b>CRSA</b>	Community Residential Services Association
<b>CSO</b>	Community Service Office (Medicaid)
<b>DBHR</b>	Division of Behavioral Health and Recovery
<b>DDC</b>	Developmental Disabilities Council for the State of
<b>DDD</b>	Division of Developmental Disabilities
<b>DLR</b>	Division of Licensed Resources
<b>DOH</b>	Department of Health
<b>DRW</b>	Disability Rights of Washington
<b>DVR</b>	Division of Vocational Rehabilitation
<b>ETP</b>	Exception to Policy
<b>ETR</b>	Exception to Rule
<b>ESIT</b>	Early Supports for Infants and Toddlers (formerly ITEIP)
<b>FRC</b>	Family Resource Coordinator
<b>GH</b>	Group Home
<b>HCS</b>	Home and Community Services
<b>ICF/ID</b>	Intermediate Care Facility for Individuals with Intellectual Disabilities (institutions)
<b>IDEA</b>	Individuals with Disabilities Education Act
<b>IE</b>	Individual Employment

# Appendix

## Commonly Used Acronyms

<b>IEP</b>	Individual Education Plan
<b>IFS</b>	Individual and Family Services
<b>ISP</b>	Individual Support Plan
<b>JLARC</b>	Joint Legislative Audit Review Committee
<b>JRP</b>	Joint Requirements Planning Staff (DDD)
<b>MICP</b>	Medically Intensive Children's Program
<b>MPC</b>	Medicaid Personal Care
<b>NH</b>	Nursing Home
<b>NPS</b>	No Paid Services (DDD)
<b>NSA</b>	Necessary Supplemental Accommodation
<b>OT</b>	Occupational Therapy/Therapist
<b>PAN</b>	Planned Action Notice
<b>PC</b>	Parent Coalition (14 statewide)
<b>PT</b>	Physical Therapy/therapist
<b>P2P</b>	Parent to Parent (32 statewide)
<b>P2020</b>	Partnership 2020 (supported employment association)
<b>QA</b>	Quality Assurance
<b>QI</b>	Quality Improvement
<b>QCC</b>	Quality Control and Compliance Staff (DDD)
<b>RA</b>	Regional Administrator (DDD)
<b>RCW</b>	Revised Code of Washington
<b>RHC</b>	Residential Habilitation Center
<b>SIU</b>	Special Investigation Unit at RHCs
<b>SL</b>	Supported Living
<b>SOLA</b>	State Operated Living Alternative
<b>SSA</b>	Social Security Administration or Social Security Act
<b>SSDI</b>	Social Security Disability Insurance
<b>SSI</b>	Supplemental Security Income
<b>WAC</b>	Washington Administrative Code
<b>WPC</b>	Waiver Personal Care